

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90031 045 \*\*\*150.00

0603378

**DOCUMENT # P31511**

1. Entity Name -  
**FACILITY ROBOTICS, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 991 P.O. BOX 991  
 SELMA AL 36702-0991 SELMA AL 36702-0991

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**PO Box 2177 PO Box 2177**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Roswell GA Roswell GA**  
 Zip Country Zip Country  
**30077 USA 30077 USA**

4. FEI Number **63-0839434** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, MARTIN G.**  
**50 BELCHER ROAD SOUTH**  
**CLEARWATER FL 34624**

Name **Lionel Silverman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 Belcher Rd South #117**  
 City **Clearwater** **FL** Zip Code **34624**  
**33765**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/21/2001**  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>CPT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VILLALOBOS, VIC</b>		NAME		
STREET ADDRESS	<b>400 MARKET PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROSWELL GA 30072</b>		CITY-ST-ZIP		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BOSTON, WILLIAM J</b>		NAME		
STREET ADDRESS	<b>400 MARKET PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROSWELL GA 30075</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/01** **770 640-0071**  
 Date Daytime Phone #

CR2E034 (10/00)