

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 048 ***150.00

DOCUMENT # P94000067901

1. Entity Name

ROBOTIC PARKING, INC.

Principal Place of Business	Mailing Address
280 WALNUT ST LEETONIA OH 44431 US	280 WALNUT ST LEETONIA OH 44431-1048 US

2. Principal Place of Business 300 Walnut St.	3. Mailing Address 300 WALNUT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LEETONIA, OH	City & State LEETONIA, OH
Zip 44431	Country US

4. FEI Number 59-3309416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACPHERSON, GILBERT P 1423 S. FT HARRISON CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Apr 21 / 2000 / 2015339903
Date Daytime Phone #