

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90174 009 ***150.00

DOCUMENT # P94000067901

1. Entity Name

ROBOTIC PARKING, INC.

Principal Place of Business

**12812 NORTH 60TH STREET
 PINELLAS PARK FL 33760
 US**

Mailing Address

**12812 NORTH 60TH STREET
 PINELLAS PARK FL 33760
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3309416

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MACPHERSON, GILBERT P
 1423 S. FT HARRISON
 CLEARWATER FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 S:

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **HAAG, GERHARD**
 CITY-ST-ZIP **280 WALNUT ST
 LEETONIA OH 44431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SRVP**
 STREET ADDRESS **GUIGNON, PEGGY**
 CITY-ST-ZIP **280 WALNUT ST
 LEETONIA OH 44431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **BAUER, HANS JURGEN**
 CITY-ST-ZIP **BRUNHLEITAWEG 39
 ELSBETHEN A-5601 AUSTRIA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CALI, ANGELO**
 CITY-ST-ZIP **15 KIPS RIDGE
 MONTCLAIR NJ 07042**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DCEO**
 STREET ADDRESS **STEIN, JEFFREY E**
 CITY-ST-ZIP **35 LOCUST ROAD
 GREENWICH CT 06831**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CHEMA, TOM**
 CITY-ST-ZIP **1100 HORTINGTON BLDG, 925 EUCLID AVE
 CLEVELAND OH 44115**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

4/13/02 5397275
 Date Daytime Phone #

CR2E034 (9/01)