2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am P97000103607 DOCUMENT # **Secretary of State** 1. Entity Name ROBE CORPORATION 03-13-2002 90113 048 ***150 00 Principal Place of Business Mailing Address 2335 TAMIAMI TRAIL NORTH, SUITE 301 2335 TAMIAMI TRAIL NORTH, SUITE 301 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0810808 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent __7. Name and Address of New Registered Agent Name GOLD, DENNIS S ESQ Street Address (P.O. Box Number is Not Acceptable) 2335 TAMIAMI TRAIL NORTH, SUITE 301 NAPLES FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 GOLD, DENNIS S NAME 2335 TAMIAMI TRAIL NORTH, SUITE 301 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MEISTER. ROLF HEINRICH STREET ADDRESS .2335 TAMIAMI TR N SUITE 301 STREET ADDRESS CITY-ST-ZIE NAPLES FL 34103 CITY-ST-ZIP TITLE: → Delete ---TITLE .. 3 = _ Change _ Addition NAME ZIMMERMANN, BEATRIZ NAME STREET ADDRESS 2335 TAMIAMI TR NO SUITE 301 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

of the corporation or the rece changed, or on an attache e

D NAME OF SIGNING OFFICER OR DIRECTOR

Dennis S. Gold, Director

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 the 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

2/27/02

941-649-4653

Daytime Phone #