

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90052 037 \*\*\*150.00

DOCUMENT # P99000007655

1. Entity Name

ROBO TRUCKING, INC.

Principal Place of Business

11959 HARMONY DRIVE  
JACKSONVILLE FL 32246

Mailing Address

11959 HARMONY DRIVE  
JACKSONVILLE FL 32246

2. Principal Place of Business

846 Tookie Rd

Suite, Apt. #, etc.

3. Mailing Address

846 Tookie Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

32234

City & State

Jacksonville, FL

Zip

Country

32234

4. FEI Number

NOT APPLICABLE

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

MORGAN, ROBERT M  
10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

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

*Robert A. Oliveira* Robert A. Oliveira CEO

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	OLIVEIRA, ROBERT A	
STREET ADDRESS	11959 HARMONY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVEIRA Robert A	
STREET ADDRESS	846 Tookie Rd	
CITY-ST-ZIP	Jacksonville FL 32234	

TITLE		<input type="checkbox"/> Delete
NAME	Robert Oliveira	
STREET ADDRESS	846 Tookie Road	
CITY-ST-ZIP	Jacksonville, FL 32234	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert A. Oliveira* Robert A. Oliveira CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-01-2001

Daytime Phone #

904 614 3880

CR2E034 (10/00)