

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90035 014 \*\*\*150.00

**DOCUMENT # P99000007655**

1. Entity Name  
**ROBO TRUCKING, INC.**

Principal Place of Business

**846 TOOKIE ROAD  
 JACKSONVILLE, FL 32234**

Mailing Address

**846 TOOKIE ROAD  
 JACKSONVILLE FL 32234**

2. Principal Place of Business

**846 Tookie Road**  
 Suite, Apt. #, etc.

3. Mailing Address

**846 Tookie Road**  
 Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32234**

Country

**USA**

City & State

**Jacksonville, FL**

Zip

**32234**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

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

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

TITLE: **D** ☐ Delete  
 NAME: **OLIVEIRA, ROBERT A**  
 STREET ADDRESS: **846 TOOKIE ROAD**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32234**

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
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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: **Robert A. Oliveira** President-CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-02

Date

904 710 7218

Daytime Phone #

CR2E034 (9/01)