2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000007655 **DOCUMENT #**

1. Entity Name



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90103 021 ***150.00

ROBO TRU	JCKING, IN	C.			16						
Principal Place of Business 846 TOOKIE ROAD JACKSONVILLE FL 32234 2. Principal Place of Business			846 TO	Mailing Address 846 TOOKIE ROAD JACKSONVILLE FL 32234							
Principal Place of Business 3. Maili							. CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc. Suite											
City & State			City & State				4. FE	Number NOT APPLICAB	LE		lied For Applicable
Zip Country			Zip		Country		5. Certificate of Status Desired S8.75 Add Fee Require			ee Required	ional
	6. Name an	d Address of Curren	t Registere	d Agent			7. Na	me and Address of New Regis	tered Ag	ent	
		المانسيين المعارض المستعدد	~~		> a =	Name	عبدانية	مان المرابع ال المرابع المرابع			
	B46 TOOKIE ROAD JACKSONVILLE FL 32234 al Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent IN, ROBERT M SAN JOSE BLVD. DIVILLE FL 32257 Sevenamed entity submits this statement for the purpose of changing it igations of registered agent. RE Signature typed or printed name of registered agent and title if applicable. (NO FILE NOW!!! FEE IS \$150.00 firer May 1, 2003 Fee will be \$550.00 leck Payable to Florida Department of State OFFICERS AND DIRECTORS DUVEIRA, ROBERT A 846 TOOKIE ROAD JACKSONVILLE FL 32234 Delete RESS Delete Delete				F	Street Address	(P.O. Box	Number is Not Acceptable)			
					-						
JACKSON\	VILLE FL 3225	7			<u></u>					T 7:- Codo	
						City			FL	Zip Code	
8. The above	named entity s	ubmits this statement	for the purp	ose of changing its	s registered	office or registe	ered ager	nt, or both, in the State of Florida	ı. I am far	niliar with, a	ind accept
the obligat	ions or registere	d agent.									
SIGNATURE .	Signature, typed or c	rinted name of registered age	nt and title if app	licable. (NOT	TE: Registered	Agent signature require	ed when rein	stating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financ Trust Fund Contribution.	ing 🗆		May Be to Fees
	C Payable to F	t and		L	11.		L ADE	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	IN 11
TITLE	TD	OF ICERS AIN	D DI ILOTO		TITLE					Change	Addition Addition
NAME					NAME						
STREET ADDRESS					STREE CITY-	T ADDRESS					
CITY-ST-ZIP	JACKSUNVIL	LE FL 32234							 ~	☐ Change	☐ Addition
TITLE				☐ Delete	TITLE NAME	!				_ '	
NAME STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				_	CITY-	ST-ZIP	<u></u>		<u></u>		
TITLE	 	-		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		مينوم والوجود والارادان		regardens	NAME	T ADDRESS			 -		* 2 * 4
STREET ADDRESS		,				ST-ZIP	•				
CITY-ST-ZIP				□ Delete	TITLE	+				Change	Addition
TITLE NAME	1			□ Delete	NAME						
STREET ADDRESS					STREE	T ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					F73 A 1 4144
TITLE				☐ Delete	TITLE	1				☐ Change	Addition
NAME					NAME	T ADDRESS					
STREET ADDRESS						ST-ZIP					
CITY-ST-ZIP			.	Doloko	TITLE					☐ Change	☐ Addition
TITLE				□ Delete	NAME						
NAME DEDUCT ADDRESS	.]					T ADDRESS					

12. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR