2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000022346** 1. Entity Name ROBRUS ENTERPRISE, INC. 09-11-2000 90005 023 ***158.75 Principal Place of Business Mailing Address 4325 REAVES RD 4325 REAVES RD KISSIMMEE FL 34746 KISSIMMEE FL 34746 AUU75878 2. Principal Place of Business 3. Mailing Address street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable issimm*EE* Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BERRY, JANET A Street Address (P.O. Box Number is Not Acceptable) 4325 REAVES RD KISSIMMEE FL 34746 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDEN+ ☐ Change ☐ Addition TITLE Delete TITLE Robert L. O BERRY NAME NAME 4325 REAVES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Vice- President Change ☐ Addition TITLE ☐ Delete TITLE Russell A. Dwek NAME NAME 2414 OAKrun Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP issimmee SECRETARY JAMET A. ☐ Change ☐ Delete Addition-TITLE NAME 4325 REAVES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP issimmee ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

attachment pag:0000 22346 A0075878

September 5, 2000

FLORIDA DEPT. OF STATE DIVIDION OF CORPORATIONS P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

Please find enclosed check for \$150.00. This is the amout due by May 1st. We never received any notification untill the "SECOND NOTICE" that I am using to send in payment. I received this notice in the mail on 09/01/00. I called your office on 09/05/00 and spoke to Matt. He instructed me to write this letter and send check for \$150.00.

Sincerely,

ROBERT L. O'BERRY

PRES.

ROBRUS ENTERPRISE, INC.

RLO