2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000055796** 1. Entity Name ROBJEN, INC. 05-03-2000 90079 039 ***150.00 Principal Place of Business Mailing Address 4651 NW 6TH ST STE A 4651 NW 6TH ST STE A GAINESVILLE FL 32609 GAINESVILLE FL 32609-1789 3. Mailing Address 1035 South Florida Avenue Suite, Apt. #, etc. Suite 235 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3803 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name **HUDGINS. ROBERT H** Street Address (P.O. Box Number is Not Acceptable) 4651 NW 6TH ST STE A **GAINESVILLE FL 32609** 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. , DATE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME 1035 South Florida Avenue Suite 735 HUDGINS, JEAN A STREET ADDRESS STREET ADDRESS 4651 NW 6TH ST STE A Lakeland, FL 33803 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 Change . ☐ Addition ☐ Delete TITLE TITLE 1035 South Florida Avenue Suite 235 La Keland, FL 33803 HUDGINS, ROBERT H NAME NAME STREET ADDRESS STREET ADDRESS 4651 NW 6TH ST STE A CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Chánge ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

04/24/00