

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90049 027 \*\*\*158.75

**DOCUMENT # P99000059059**

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

Principal Place of Business <b>5743 EDEN LANE          LAND O LAKES FL 34639</b>	Mailing Address <b>P.O. BOX 383          LAND O LAKES FL 34639-0383</b>
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2. Principal Place of Business <b>22604 Waters Edge          Suite, Apt. #, etc. #157</b>	3. Mailing Address <b>P.O. Box 261          Suite, Apt. #, etc.</b>
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City & State <b>Land O Lakes FL</b>	City & State <b>Land O' Lakes FL</b>
Zip <b>34639</b>	Zip <b>34639</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3590561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NOYES, JACK S  
 5743 EDEN LANE  
 LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent  
 Name **JACK S. Noyes**  
 Street Address (P.O. Box Number is Not Acceptable) **22604 Waters Edge #157**  
 City **Land O' LAKES** **FL** Zip Code **34639**

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 **Jack S. Noyes** DATE **5/1/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 <b>President</b>	<input type="checkbox"/> Delete
NAME <b>JACK S. Noyes</b>	
STREET ADDRESS <b>22604 Waters Edge #157</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>Max Davenport</b>	
STREET ADDRESS <b>5742 Eden Ln.</b>	
CITY-ST-ZIP <b>L.O.L. FL 34639</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>Patricia Noyes</b>	
STREET ADDRESS <b>22604 Waters Edge #157</b>	
CITY-ST-ZIP <b>L.O.L. FL 34639</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>JACK S. Noyes</b>	
STREET ADDRESS <b>22604 Waters Edge #157</b>	
CITY-ST-ZIP <b>L.O.L. FL 34639</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jack S. Noyes** DATE **5/1/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)