

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082312

1. Entity Name

ROBIN-HART TECHNOLOGIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90147 044 ***150.00

Principal Place of Business

5706 15TH AVENUE SOUTH
GULFPORT FL 33707

Mailing Address

5706 15TH AVENUE SOUTH
GULFPORT FL 33707-3423

2. Principal Place of Business

5702 15th Ave South

Suite, Apt. #, etc.

3. Mailing Address

5702 15th Ave South

Suite, Apt. #, etc.

City & State

Gulfport, FLA.

Zip
33707

Country
USA

City & State

Gulfport, FLA.

Zip
33707

Country
USA

4. FEI Number

59-3601807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROBINSON, CEDRIC
5706 15TH AVENUE SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name
CEDRIC ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

5702 15th Ave South

City
Gulfport

FL

Zip Code
33707

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

Cedric D. Robinson

4/25/2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, CEDRIC D 5706 15TH AVENUE SOUTH GULFPORT FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, WILLIAM C 10568 55TH AVE NORTH SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CEDRIC D. ROBINSON 5702 15th Ave South Gulfport, FLA 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*ADDRESS CHANGE ONLY!

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:

Cedric D. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

727-345-8602

Daytime Phone #

CR2E034 (9/99)