

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 842650**

1. Entity Name

CLEVE ROBERSON, INC.

Principal Place of Business

**575 BARNETT HWY
BREWTON AL 36426**

Mailing Address

**575 BARNETT HWY
BREWTON AL 36426**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-0698707

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESTBERRY, R. JOHN
41 NORTH JEFFERSON
SUITE 304
PENSACOLA FL 32591**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Betty Roberson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*6-8-2001***FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROBERSON, BETTY
575 BARNETT HWY
BREWTON AL 36426** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERSON, CLEVE
575 BARNETT HWY
BREWTON AL 36426** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARKER, JAMIE R
711 BARNETT HWY
BREWTON AL 36426** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, 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.

SIGNATURE:

*Betty Roberson***REQUIRED***Jan 4, 2000 1334 867-7738***FILED
Jun 19, 2001 8:00 am
Secretary of State**

06-19-2001 90002 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)