

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90044 008 \*\*\*150.00

NS00771 AT

**DOCUMENT # 302207**  
 1. Entity Name  
**R.G. ROBERTS INC**

Principal Place of Business      Mailing Address  
**5340 A S & S PLAZA-GULF DRIVE**      **5340 A S & S PLAZA-GULF DRIVE**  
**P.O. BOX 1566**      **P.O. BOX 1566**  
**HOLMES BEACH FL 34218-1566**      **HOLMES BEACH FL 34218-1566**



2. Principal Place of Business      3. Mailing Address  
**5330 Gulf Drive**      **5330 Gulf Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Holmes Beach, Florida**      **HOLMES BEACH FL.**  
 Zip      Country      Zip      Country  
**34917**      **USA**      **34917**      **USA**

4. FEI Number      Applied For  
**59-1117680**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBERTS, ERNESTINE P.**  
**205 N HARBOR DR**  
**HOLMES BEACH FL 34217**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<b>DVPS CLAYTON, LINDA 5007 BEMINI DRIVE BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROBERTS, ERNESTINE P 205 N HARBOR DR HOLMES BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOUZIANE, SIGNA R. 502- 74TH ST. HOMES BEACH FL 34217</b> <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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ernestine P. Roberts      Date March 4-02      Daytime Phone # 778-4505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)



Attachment #302207  
**Mister Roberts**

**S & S PLAZA**

5330 Gulf Drive • Holmes Beach, Florida 34217  
(941) 778-4505 • Fax (941) 779-9067

339143

January 24, 2000

To whom it may concern:

This letter is to notify you of a change of address.

~~After thirty-four years the post office finds it~~  
necessary to create a unique address for each  
business in our shopping center. Our physical  
location is the same, only our numerical address has  
changed to the following:

Mister Roberts	New Address
5330 Gulf Drive	
Holmes Beach, Florida 34217	

Please change your records to reflect this change  
from our old address of:

Mister Roberts	Old Address
5340A Gulf Drive	
Holmes Beach, Florida	

P.S.

~~Some of you use our Corporate name of R.G. Roberts, Inc.~~  
~~in billing and this is fine as long as you use~~  
the new address.

Thank you,

Linda R. Clayton  
Manager