

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90018 011 ***150.00

DOCUMENT # F93000005815

1. Entity Name
ROBERTS & OAKE, INC.

Principal Place of Business

**6 PLUM ST
 NEWPORT KY 41076**

Mailing Address

**2 PLUM STREET
 WILDER KY 41076**

2. Principal Place of Business

8 PLUM ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILDER KY

City & State

4. FEI Number

36-1691990

Applied For
 Not Applicable

Zip

41076

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 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	P	<input type="checkbox"/> Delete
NAME	SCHULER, WILLIAM M	
STREET ADDRESS	2 PLUM STREET	
CITY-ST-ZIP	WILDER KY 41076	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISTER, CHRISTOPHER	
STREET ADDRESS	2 PLUM STREET	
CITY-ST-ZIP	WILDER KY 41076	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLAUGHTER, TIM	
STREET ADDRESS	2 PLUM STREET	
CITY-ST-ZIP	NEWPORT KY 41076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Tim Slaughter*

Date

2/13/02

Daytime Phone #

859-442-4650

CR2E034 (9/01)