

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90155 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H21225**  
 1. Entity Name  
**S.J. MCROBERTS REAL ESTATE, INC.**

Principal Place of Business      Mailing Address  
~~17317 S.E. FEDERAL HWY~~      ~~17317 S.E. FEDERAL HWY~~  
 TEQUESTA FL 33469      TEQUESTA FL 33469-1745  
 US      US

2. Principal Place of Business      3. Mailing Address  
**19137 S.E. FEDERAL HWY.**      **19137 S.E. FEDERAL HWY.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 4**      **SUITE 4**

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2458687**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCROBERTS, SAMUEL J.**  
~~17317 S.E. FEDERAL HWY~~  
 TEQUESTA FL 33469

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**19137 S.E. FEDERAL HWY.**  
**SUITE 4**  
 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: Samuel J. McRoberts, Pres.      DATE: Apr 29, 2000  
Signature typed or printed name of registered agent and date 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCROBERTS, SAMUEL J.	<del>17317 S.E. FEDERAL HWY</del>	<del>TEQUESTA FL 33469</del>	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>19137 S.E. FEDERAL HWY.</b>	<b>SUITE 4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>TEQUESTA, FL 33469-1745</b>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Samuel J. McRoberts, Pres.      Date: April 29, 2000      Daytime Phone #: 561-747-9200

CR2E034 (9/99)