

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90024 045 ***150.00

DOCUMENT # H21225

1. Entity Name
S.J. MCROBERTS REAL ESTATE, INC.

Principal Place of Business

Mailing Address

17911 SE FEDERAL HWY
 TEQUESTA FL 33469
 US

17911 SE FEDERAL HWY
 TEQUESTA FL 33469
 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

TEQUESTA FL

TEQUESTA FL

Zip

Country

Zip

Country

33469

USA

33469

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCROBERTS, SAMUEL J.
17911 SE FEDERAL HWY
TEQUESTA FL 33469

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

Samuel J. McRoberts, Pres.
SAMUEL J. MCROBERTS, PRESIDENT

April 24, 2001
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MCROBERTS, SAMUEL J**
 CITY-ST-ZIP **19137 S.E. FEDERAL HWY**
TEQUESTA FL 33469-1745

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

Samuel J. McRoberts, Pres.
SAMUEL J. MCROBERTS, PRESIDENT

April 24, 2001
 DATE

Daytime Phone # **561-747-9200**

CR2E034 (10/00)