


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90034 027 ***150.00

DOCUMENT # J22140	
1. Entity Name ROBERTS ENTERPRISES, INC.	

Principal Place of Business 3234 N.E. 24TH ST. OCALA FL 34470 US	Mailing Address P.O. BOX 100 SILVER SPRINGS FL 34489 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2721263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HICKS, DANIEL 421 S. PINE AVE OCALA FL 34474	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERTS, WILLIAM H JR P.O. BOX 142 N/A SILVER SPRINGS FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, NANCY P.O. BOX 142 N/A SILVER SPRINGS FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, BENJAMIN 5151 SE 44TH RD OCALA FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V ROBERTS, VERNON 1132 SE 165TH AVENUE SILVER SPRINGS FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V ROBERTS, WILLIAM H III 4580 S E 36TH AVE OCALA FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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
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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

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 607, 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: Vernon Roberts **1-31-03** **352-732-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)