

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 041 ***150.00

DOCUMENT # J91699
 Entity Name
ROBERTSON MARINE CONSTRUCTION, INC.

600360



DO NOT WRITE IN THIS SPACE

Principal Place of Business N.W. 30TH ST. OKEECHOBEE FL 34972		Mailing Address 5270 N.W. 30TH ST. OKEECHOBEE FL 34972-8862	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2847555	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

ROBERTSON, D.R.
5270 N.W. 30TH STREET
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete ROBERTSON, D.R. 5270 N.W. 30TH ST. OKEECHOBEE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVD	<input type="checkbox"/> Delete ROBERTSON, S.E. 5270 N.W. 30TH ST. OKEECHOBEE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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3. 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: *Dharm Robertson, Secretary 1-8-2000 863-*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *407-787-7171*

CR2E034 (9/99)