2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90003 004 ***150.00

A0072675

DO NOT WRITE IN THIS SPACE

DOCUMENT # K36256

1. Entity Name
ROBERTS & ANDERSON, INC.

Principal Place of Business	Mailing Address
3753 BISCAY PL. LAND O'LAKES FL 34639 US	POST OFFICE BOX 8174 ~~130 BISCAY PLACE~~ TAMPA FL 33674 US

2. Principal Place of Business	3. Mailing Address
	P. O. Box 8174
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33674 / Country: U. S.

4. FEI Number: 59-2913836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALMODOVAR, LINDA
3753 BISCAY PL.
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name: Marlowe & McNabb, P.A.
Street Address (P.O. Box Number is Not Acceptable): 324 S. Hyde Park Ave. #210
City: Tampa **FL** Zip Code: 33606

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], Pres. DATE: 8/2/00
Signature, typed or printed name of registered agent and title 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST ALMODOVAR, RALPH 3753 BISCAY PL LAND O'LAKES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED [signature] 8/2/2000 (813) 996-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment # K36253 A00072675 081400

August 17, 2000

The Honorable Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report
Document Number K36256

Dear Ms. Secretary,

I have been a small business owner for 13 years and have always paid my filing fee on time by May 1. This timely payment was always contingent upon receiving the notification by mail. I did not receive any payment notification in the mail for 2000. Now, I will be penalized because of your department's mistake and must pay an additional late fee of $400.00.

I have had problems before with your department when filing this same report. A few years back, I sent in the form, on time, with my check. I soon received notification from your department that I failed to include the check with the form. After several phone calls with your department, I sent you a copy of the canceled check as proof that I, indeed, did pay the fee. I relate this story to document that your department is capable of error. Fortunately, I was not penalized by this previous departmental mistake. This is not so in this current situation.

Madame, my business is small and does not generate substantial profit. An extra penalty of $400.00 may be small to larger businesses, but it will be sorely missed by my business. I am enclosing a check for $150.00 and ask that you rescind the $400.00 penalty. I look forward to hearing from you in a timely manner so that I won't be penalized any further. Thank you for your review of my situation.

Sincerely,

Ralph Almodovar
President
Roberts & Anderson, Inc.
P.O. Box 8174
Tampa, FL 33674