

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008948

09-04-2002 90095 011 ****50.00
L01000008948

1. Entity Name

ROBERTS 2005, LLC

FILED

02 OCT 10 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

632 CALLE DELOTONO
SARASOTA FL 34242

Mailing Address

632 CALLE DELOTONO
SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6213 Weymouth Dr
Suite, Apt. #, etc.

3. Mailing Address

6213 Weymouth Dr
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34238

Country

USA

Zip

34238

Country

USA

4. FEI Number

65-1111714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, GARY
632 CALLE DELOTONO
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6213 Weymouth Drive

City

Sarasota

FL

Zip Code

34232

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

Gary Roberts

President

9/1/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARY ROBERTS
6213 Weymouth Drive
Sarasota, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GARY ROBERTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/1/02 941-9236354

CR2E083 (4/02)