

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90133 005 \*\*\*\*61.25

**DOCUMENT # N94000004813**

1. Entity Name

**ROBERTSON'S FLORIDA BATTERY, INC.**

Principal Place of Business

Mailing Address

**3965 LYNN ORA DRIVE  
PENSACOLA FL 32504****3965 LYNN ORA DRIVE  
PENSACOLA FL 32504-4741**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3276349**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COE, CHARLES W  
3965 LYNN ORA DRIVE  
PENSACOLA FL 32504**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COE, C W	3966 LYNN ORA DR	PENSACOLA FL 32504	<input type="checkbox"/>
VD	BARRAZA, R	109 SABINE DR	PENSACOLA FL 32561	<input type="checkbox"/>
STD	BLACK, BONNIE J	5089 PONITZ PARKWAY	PAGE FL	<input type="checkbox"/>
SD	EDGE, JUDY	1526 E. AVERY ST	PENSACOLA FL 32503	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MOYERS, DAVID	10050 CENTRE ST	PENSACOLA FL 32506	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 617, 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:

*David Moyers* **REQUIREM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

505-6344

Daytime Phone #