2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90174 026 ***150.00

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DOCUMENT # P01000041049

1. Entity Name
ART ROBERTS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
13102 PALM BEACH BLVD FT MYERS FL 33905	13102 PALM BEACH BLVD FT MYERS FL 33905

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1094252 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ROBERTS, ART 13102 PALM BEACH BLVD FT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, ANN 13102 PALM BEACH BLVD FT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, SHERRONDA 13102 PALM BEACH BLVD FT MYERS FL 33905	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: Arthur E. Roberts ED 8/7/03 239-693-6468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90151475
P01000041049

ART ROBERTS INS AGCY INC
Auto-Life-Health-Home and Business
13102-B PALM BEACH BOULE
FORT MYERS, FL 33905 PHONE (941) 693-6468

August 13, 2003

TO: FLORIDA DEPARTMENT OF STATE

FR: ART ROBERTS INSURANCE AGENCY, INC.

TO WHOM IT MAY CONCERN,

ENCLOSED IS MY COMPLETED UBR REPORT AND MY CHECK IN THE AMOUNT OF $150.00. THIS IS THE FIRST REPORT THAT I HAVE RECEIVED REGARDING THIS MATTER. IN THE EVENT WE DO NOT RECEIVE A FUTURE UBR REPORT; WE WILL NOTIFY YOUR DEPARTMENT IMMEDIATELY.

ART ROBERTS INS AGCY INC

Art Roberts PRESIDENT