

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
13102 PALM BEACH BLVD
FT MYERS FL 33905

Mailing Address
13102 PALM BEACH BLVD
FT MYERS FL 33905

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**

☐ CHECK HERE IF MAKING CHANGES

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 **PTD** ☐ Delete
NAME **ROBERTS, ART**
STREET ADDRESS **13102 PALM BEACH BLVD**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ROBERTS, ANN**
STREET ADDRESS **13102 PALM BEACH BLVD**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ROBERTS, SHERRONDA**
STREET ADDRESS **13102 PALM BEACH BLVD**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Art Roberts

8/7/03

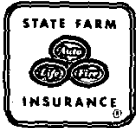
239-693-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



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

Attachment
90151475
PO1000041049

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

