

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90023 009 \*\*\*150.00

**DOCUMENT # P01000094592**

1. Entity Name

**ROBERSON'S MECHANICAL SERVICES, INC.**

Principal Place of Business

**653 RIVERWOODS TRAIL  
 CHULUOTA FL 32766**

Mailing Address

**653 RIVERWOODS TRAIL  
 CHULUOTA FL 32766**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 660101**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Chuluota, FL**

4. FEI Number

**04-3593622**

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

**32766 Seminole**

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

**SISSON, LARRY  
 218 SOUTHERN COUNTRY LN.  
 QUINCY FL 32351**

Name **Thomas H. Roberson**

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

**653 Riverwoods Trail**

City **Chuluota**

**FL**

Zip Code **32766**

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 **Thomas H. Roberson President**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1-23-02**  
 DATE

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **DP** ☐ Delete  
 NAME **ROBERSON, THOMAS H**  
 STREET ADDRESS **653 RIVERWOODS TRAIL**  
 CITY-ST-ZIP **CHULUOTA FL 32766**

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

TITLE **V** ☒ Delete  
 NAME **ROBERSON, JANICE**  
 STREET ADDRESS **653 RIVERWOODS TRAIL**  
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **V** ☒ Change ☐ Addition  
 NAME **WEEKS, Walter D**  
 STREET ADDRESS **20122 MACON PKWY**  
 CITY-ST-ZIP **Orlando, FL 32833**

TITLE **T** ☒ Delete  
 NAME **WEEKS, WALTER D**  
 STREET ADDRESS **20122 MACON PKWY.**  
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Roberson, Janice**  
 STREET ADDRESS **653 Riverwoods Trail**  
 CITY-ST-ZIP **Chuluota, FL 32766**

TITLE **S** ☐ Delete  
 NAME **MCGEATH, TRACIE E**  
 STREET ADDRESS **705 BRUMLEY RD.**  
 CITY-ST-ZIP **CHULUOTA FL 32766**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: **Thomas H. Roberson** **1-23-02** **407-761-3880**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #