

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 046 ***150.00

DOCUMENT # **P03000014507**

1. Entity Name

Sugar-Robertson Company Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4348 S. Manhattan Ave

Suite, Apt. #, etc.

3. Mailing Address
6127 Parkwood Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Landover, MD

4. FEI Number
27-0048076

☒ Applied For
☐ Not Applicable

Zip
33611

Country
USA

Zip
20785

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Terri Lynn Sugar-Robertson**

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

3409 W. Tambay Ave

City **Tampa**

FL

Zip Code
33611

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
President Terri Lynn Sugar-Robertson 3409 W. Tambay Ave Tampa FL 33611	
VP Stanley Wayne Robertson 3409 W. Tambay Ave Tampa FL 33611	

**DO NOT WRITE
IN THIS SPACE**

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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

202 293 2850

Display Phone #

CR2E034B (12/01)