

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90005 030 ***150.00

DOCUMENT # P03000023069

1. Entity Name
RUPPERT ROBERTS INC



Principal Place of Business
7815 SW 8 STREET
NORTH LAUDERDALE, 33068

Mailing Address
7815 SW 8 STREET
NORTH LAUDERDALE, FL 33068

54072121



2. Principal Place of Business
7815 SW 8 ST
Suite, Apt. #, etc.

3. Mailing Address
7815 SW 8 ST
Suite, Apt. #, etc.

08092004 Chg-P CR2E034 (10/03)

City & State
N. LAUD - FLA
Zip
33068
Country
BROWARD

City & State
N. LAUD - FLA
Zip
33068
Country
BROWARD

4. FEI Number
061664509
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERTS, RUPERT
7815 SW 8 STREET
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent
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 **RUPPERT ROBERTS** **Rupert Roberts** **8-21-04**
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
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PV
ROBERTS, RUPERT
7815 SW 8 STREET
NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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: **Rupert Roberts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-04 **954-775-6813**
Date Daytime Phone #

Attachment

574072121
P03000023069

To whom it may Concern
Department of Transportation.

I have not receive a renewal notice
letting me the correct payment to
send I have submit the payment
along with the renewal application that
I just receive

Fe Rupert Roberts
Reg. Rupert Roberts Inc.