

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

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90049 004 ***550.00

DOCUMENT # **P12337**

1. Entity Name

ROBERTSON-LEO CORPORATION

DO NOT WRITE IN THIS SPACE

80128947

2. Principal Place of Business

3539 BLUECUTT ROAD

3. Mailing Address

3539 BLUECUTT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 4500

P.O. BOX 4500

DO NOT WRITE IN THIS SPACE

City & State

COLUMBUS, MS

City & State

COLUMBUS, MS

4. FEI Number

36-3479146

Applied For

Not Applicable

Zip

39703

Country

US

Zip

39703

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **C.T. CORPORATION-SYSTEM**

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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 \$81.25

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

C

**SAGE, II A
1730 LAKEHOUSE DRIVE
N. PALM BEACH, FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

**ROSKOVENSKY, E. A.
4295 QUAIL RUN PLACE
DANVILLE, CA.**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

**STEVENS, RONALD D.
5000 EXECUTIVE PKWY STE 425
SAN RAMON, CA. 94583**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LEO D

**HEISLEY, MICHAEL E
5000 EXECUTIVE PKWY STE 425
SAN RAMON, CA 94583**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CF0

**STEVENS, RONALD D.
5000 EXECUTIVE PKWY STE 425
SAN RAMON, CA 94583**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C

**MEADOWS, STANLEY H.
5000 EXECUTIVE PKWY STE 425
SAN RAMON, CA. 94583**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**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 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:

Ronald D. Stevens RONALD D. STEVENS 7/5/02 462-243-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)