

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90037 010 ***150.00

DOCUMENT # P92000007642

1. Entity Name

~~O. H. ROBERTS III CONSTRUCTION COMPANY~~

O. H. Roberts III Custom Home Builders Inc.

Principal Place of Business

Mailing Address

38929 CR 44 A
 UMATILLA FL 32784

P.O. BOX 1012
 EUSTIS FL 32727-1012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3170382

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, O.H. III
38929 CR 44 A
UMATILLA FL 32784

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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: **PD** Delete
 NAME: **ROBERTS, O. H. III**
 STREET ADDRESS: **38929 CR 44 A**
 CITY-ST-ZIP: **UMATILLA FL 32784**

TITLE: Change Addition
 NAME: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **Vice President** Change Addition
 NAME: **CHAD B. ROBERTS**
 STREET ADDRESS: **38929 CR. 44 A.**
 CITY-ST-ZIP: **UMATILLA, FL 32784**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **Treasurer** Change Addition
 NAME: **RANEE B. ROBERTS**
 STREET ADDRESS: **38929 CR 44 A.**
 CITY-ST-ZIP: **UMATILLA, FL 32784**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **Secretary** Change Addition
 NAME: **Ryan M. Roberts**
 STREET ADDRESS: **38929 C.R. 44A**
 CITY-ST-ZIP: **UMATILLA FL 32784**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition

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: *[Signature]* **O. H. ROBERTS III** President 4-19-00 352-669-9595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)