

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90066 023 \*\*\*150.00

0075455 AV

**DOCUMENT # P92000007642**

1. Entity Name  
**O. H. ROBERTS III CUSTOM HOME BUILDERS, INC.**

Principal Place of Business

**38929 CR 44 A  
 UMATILLA FL 32784**

Mailing Address

**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

DO NOT WRITE IN THIS SPACE

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, 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, O. H. III</b>	
STREET ADDRESS	<b>38929 CR 44 A</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, CHAD B</b>	
STREET ADDRESS	<b>38929 CR 44 A</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERTS, RANEE B</b>	
STREET ADDRESS	<b>38929 CR 44 A</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, RYAN M</b>	
STREET ADDRESS	<b>38929 C.R 44 A</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, RYAN M</b>	
STREET ADDRESS	<b>3829 CR 44 A</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **O.H. ROBERTS III**

4-20-02

352-669-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)