

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036439

1. Entity Name
WILLIAM ROBERTS, INC.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90092 022 ***150.00

Principal Place of Business

1395 N.W. 17TH AVE.
STE. #112
DELRAY BEACH FL 33445
US

Mailing Address

1395 N.W. 17TH AVE.
STE. #112
DELRAY BEACH FL 33445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0504895

Applied For
Not Applicable

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

KATSCH, ROBERT
7010 SOLIMAR CIRCLE
BOCA RATON FL 33433

Name Robert A. Katsch
Street Address (P.O. Box Number is Not Acceptable)
1395 NW 17th Ave, Suite 112
City Delray Beach FL Zip Code 33445

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 Robert Katsch
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT KATSCH, ROBERT A 134 VIA D'ESTE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATSCH, WILLIAM J 18269 OCEAN MIST DR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATSCH, ROBERT A 2120 NE 60th Street Ft. Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: Robert Katsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

561-276-9038

Daytime Phone #

CR2E034 (5/00)

Attachment
#P94000036439
ADD71903
William Roberts

Custom Upholstery and Drapery
Workroom to the Trade

August 4, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: William Roberts, Inc.
Document #P94000036439

Dear Secretary of State:

Enclosed find our check # 7640, in the amount of \$150.00 as filing fee for the 2000 Uniform Business Report. We respectfully request this amount accepted as the filing fee. We have only received the second notice and had we received the first notice as we have for previous years, we would have filed before the first due date.

Sincerely,



Erika Pallango
Office Manager

/emp

CC: Robert Katsch
William Katsch

C:\MyFiles\office\ltr_2000_uniform_file.wpd

DELRAY NORTH BUSINESS CENTER

1395 N.W. 17th Avenue • Suite 112 • Delray Beach, Florida 33445

Telephone: (561) 276-9038

Fax: (561) 274-6830