

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90015 003 ***150.00

0663739

DOCUMENT # P94000043482

1. Entity Name

C.E. ROBERTS ENTERPRISES, INC.

Principal Place of Business

265 SW PORT ST LUCIE BLVD
 SUITE 146
 PORT ST LUCIE FL 34984
 US

Mailing Address

265 SW PORT ST LUCIE BLVD
 SUITE 146
 PORT ST LUCIE FL 34984
 US

Change

2. Principal Place of Business

213 SW AUDUBON AVE

3. Mailing Address

213 SW AUDUBON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE FL

4. FEI Number

65-0497818

Applied For

Not Applicable

Zip

34984

Country

ST LUCIE

Zip

34984

Country

ST LUCIE

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

HOTH, CINDY
213 SW AUDUBON AVE
PORT ST. LUCIE FL 34984

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

Cindy Hoth President

4/9/01

Signature, type 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HOTH, CYNTHIA	265 SW PORT ST LUCIE BLVD STE 146	PORT ST. LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>HOTH, CYNTHIA</i>	<i>213 S.W. AUDUBON AVE</i>	<i>PORT ST. LUCIE, FL 34984</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Cynthia Hoth President

Date

4/9/01

Daytime Phone #

561-871-0196

CR2E034 (10/00)