

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035541

1. Entity Name
MARGAURITE ROBERTS AND ASSOCIATES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90090 033 ***150.00

Principal Place of Business

8206 REYNOLDS DRIVE
HUDSON FL 34667

Mailing Address

8206 REYNOLDS DRIVE
HUDSON FL 34667

2. Principal Place of Business

11050 S.R. 52

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 280

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Port Richey, FL

4. FEI Number 59-3321307

Applied For

Not Applicable

Zip

34669

Country

Pasco

Zip

34673-0280

Country

Pasco

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, MARGAURITE
8215 S.R. 52
HUDSON FL 34667

Name

Roberts, Margaurite

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

11050 S.R. 52

City

Hudson

FL

Zip Code

34669

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 *Margaurite Roberts, Inc.*

*Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/01
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 **D** ☐ Delete
NAME **ROBERTS, MARGAURITE**
STREET ADDRESS **8206 REYNOLDS DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☒ Change ☐ Addition
NAME **Roberts, Margaurite**
STREET ADDRESS **6735 Hammock Road Lot 189 PO 247**
CITY-ST-ZIP **Port Richey, FL 34673-0247**

TITLE **VP** ☐ Delete
NAME **ROBERTS, DENNIS C**
STREET ADDRESS **8206 REYNOLDS DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VP** ☒ Change ☐ Addition
NAME **Roberts, Dennis C.**
STREET ADDRESS **6735 Hammock Road Lot 189 PO 247**
CITY-ST-ZIP **Port Richey, FL 34673-0247**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Margaurite Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01 (737) 863-0255
Date Daytime Phone #

CR2E034 (10/00)