

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90439 012 ***150.00

DOCUMENT # P96000022419

1. Entity Name

T.G. ROBERTS MARKETING, INC.

Principal Place of Business

**101 OCEAN LANE DRIVE, SUITE 107
 KEY BISCAYE FL 33149**

Mailing Address

**101 OCEAN LANE DRIVE, SUITE 107
 KEY BISCAYE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

55 OCEAN LANE DR. #1024

Suite, Apt. #, etc.

55 OCEAN LANE DR. #1024

City & State

KEY BISCAYNE, FL.

City & State

KEY BISCAYNE, FL

Zip

33149

Country

MIAMI-DADE

Zip

33149

Country

MIAMI-DADE

4. FEI Number

65-0649900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOLD, ROBERT T

**101 OCEAN LANE DR, STE 107
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

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

55 OCEAN LANE DR. #1024

City

KEY BISCAYNE

FL

Zip Code

33149

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 T. Gold, PRES.

4-10-02

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

TITLE **PSD** ☐ Delete
 NAME **GOLD, ROBERT T**
 STREET ADDRESS **101 OCEAN LANE DRIVE, SUITE 107**
 CITY-ST-ZIP **KEY BISCAYE FL 33149**

TITLE **V** ☐ Delete
 NAME **GOLD, MICHAEL A**
 STREET ADDRESS **101 OCEAN LANE DRIVE, SUITE 107**
 CITY-ST-ZIP **KEY BISCAYE FL 33149**

TITLE **TD** ☒ Delete
 NAME **GOLD, ANITA C**
 STREET ADDRESS **101 OCEAN LANE DRIVE, SUITE 107**
 CITY-ST-ZIP **KEY BISCAYE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **GOLD, ANITA C**
 STREET ADDRESS
 CITY-ST-ZIP ***DELETE* PASSED AWAY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Robert T. Gold, Pres.

4-10-02

(305) 361-9907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. GOLD PRES

Date

Daytime Phone #

CR2E034 (9/01)