

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91739 049 ***150.00

DOCUMENT # FR 000001602 ✓
1. Entity Name Robertson's Auto & Truck Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 433 Spring Hammock Ct
Suite, Apt. #, etc.
3. Mailing Address 433 Spring Hammock Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Longwood FL
Zip 32750 Country US
City & State Longwood FL
Zip 32750 Country US

4. FEI Number 59-3509277
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name William A. Robertson III
Street Address (P.O. Box Number is Not Acceptable) 25417 Hutchison Lane
Sorrento
City FL Zip Code 32776

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 William A. Robertson III /over-Pres. 5/13/02
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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>V. Pres.</u>	TITLE	
NAME	<u>William A Robertson II</u>	NAME	
STREET ADDRESS	<u>1801 S. Holly Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Sanford FL 32771</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: William A. Robertson III William A. Robertson III 5/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407 331-8458

CR2E034B (12/01)