2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 23, 2000 8:00 am Secretary of State DOCUMENT # P98000002023 ROBURT ENTERPRISES, INC. 08-23-2000 90001 044 ***550.00 Principal Place of Business Mailing Address 300 E JEFFERSON STREET 300 E JEFFERSON STREET OUINCY FL 32351 **OUINCY FL 32351** A0074108 3. Mailing Address 2. Principal Place of Business 2039 Lam bert Lane Suite, Apt. #, etc. 2039 Lambert Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3502511 Tallahassee, FL tallahassee Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GOLDBERG, STUART E ESQ** Street Address (P.O. Box Number is Not Acceptable) 2120 KILLARNEY WAY TALLAHASSEE FL 32308 Tallahassee 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE Delete PRICE, IRA B NAME NAME STREET ADDRESS 300 E JEFFERSON ST STREET ADDRESS CITY-ST-ZIP QUINCY FL 32351 CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE PRICE, ROIE H NAME NAME STREET ADDRESS STREET ADDRESS 6525 SAYLERS CREEK CT CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete. TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURO I. B. Price

8/21/00

850-627-926

Daytime Phone #