

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90039 012 \*\*\*150.00

**DOCUMENT # P98000002023**

1. Entity Name  
**ROBURT ENTERPRISES, INC.**

Principal Place of Business

**2039 LAMBERT LN  
TALLAHASSEE FL 32311**

Mailing Address

**2039 LAMBERT LN  
TALLAHASSEE FL 32311**

**80052889**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3502511**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**PRICE, IRA B  
2039 LAMBERT LN  
TALLAHASSEE FL 32311**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE NAME     | <b>P PRICE, IRA B</b>       | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>2039 LAMBERT LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32311</b> |                                 |
| TITLE NAME     | <b>S PRICE, ROIE H</b>      | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>2039 LAMBERT LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32311</b> |                                 |
| TITLE NAME     |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE NAME     |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE NAME     |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: SIGNATURE OF PRICE, IRA B  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 850-8978-5671  
Date Daytime Phone #

FORM CR2E034(9/01)