

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Aug 18, 1999 8:00 am  
Secretary of State

08-18-1999 90007 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000021781

1. Corporation Name

Stephen E Roberts P.A.

Principal Place of Business

Mailing Address

595 01010 Drive  
Winter Park, FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-5-98

4. FEI Number

59-3496148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stephen E Roberts  
595 01010 Dr  
Winter Park, FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen E Roberts	1.2 NAME	
STREET ADDRESS	595 01010 Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99

Date

Daytime Phone #

407-246-0023

CR2E034 (11/98)

P98000021781  
607468-90007-1

**Stephen E Roberts, P.A.**

Professional Accounting and Tax Services

701 E WASHINGTON STREET

ORLANDO, FL 32801

OFFICE 407-246-0073

FACSIMILE 407-246-1991

May 3, 1999

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

I contacted your office today to have someone fax an original Annual Report to my office to be completed and was informed that could not be done. I ordered one through the mail. I was told that a form would be mailed out to me and will complete and return that form as soon as I receive it.

In the mean time. The gentleman I spoke with instructed me to make a timely payment indicating pertinent information so that your records could be completed on time.

All of the information regarding the registered agent, officers and director of the corporation remain the same.

The Federal Identification Number issued to the corporation is 59-3496148.

If you require any other information prior to your receipt of the actual report I will mail to you when I receive it, please contact me directly.

The \$150 filing fee is enclosed.

Thank you for your time and considerations.

Sincerely,

  
Stephen E Roberts

Stephen E Roberts, President  
Orlando - Winter Park - Maitland