

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028656

1. Entity Name

ROBERT F. SANDBERGEN, INC.

Principal Place of Business

2856 ALLAPATTAH DRIVE  
CLEARWATER FL 33761

Mailing Address

2856 ALLAPATTAH DRIVE  
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3500875**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

SANDBERGEN, ROBERT F  
2856 ALLAPATTAH DRIVE  
CLEARWATER FL 33761

## 7. Name and Address of New Registered Agent

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

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

(NOT: 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**  
After MAY 1, 2001  
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 **D**  Delete  
NAME SANDBERGEN, ROBERT F  
STREET ADDRESS 2856 ALLAPATTAH DRIVE  
CITY-ST-ZIP CLEARWATER FL 33761

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

13. I hereby certify that the information supplied with this filing does not qualify for  
indicated on this report or supplemental report is true and accurate and that  
of the corporation or the receiver or trustee empowered to execute this report  
changed, or on an attachment with an address with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
my signature shall have the same legal effect as if made under oath; that I am an officer or director  
as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Robert Sandbergen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert F Sandbergen*

4/30/01 727-785-7728

Date

Daytime Phone #

CR2E034 (10/00)

0367523