

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045384

1. Entity Name

ROBERT LASHLEY, INC.

R

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90015 037 \*\*\*150.00

Principal Place of Business

1444 HINTON STREET  
PORT CHARLOTTE FL 33951

Mailing Address

1444 HINTON STREET  
PORT CHARLOTTE FL 33951

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

65-0837244

Applied For

Not Applicable

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

LASHLEY, ROBERT  
1444 HINTON STREET  
PORT CHARLOTTE FL 33951

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.

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LASHLEY, ROBERT  
1444 HINTON ST  
PORT CHARLOTTE FL 33951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Robert Lashley*  
**ROBERT LASHLEY, INC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

ATTENTION  
P980000453

Robert Lashley  
1444 Hinton Street  
Port Charlotte, FL 33951

B 0103373

July 10, 2000

Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the initial Uniform Business Report. I don't feel that I should have to pay the \$400 penalty. Enclosed with this letter is my check for \$150 and the second notice. Your attention to this matter is greatly appreciated.

Sincerely,

Robert Lashley

*Robert Lashley*