

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046898

1. Entity Name

ROBERTS MAJESTIC MOBILE DETAILING, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90198 042 \*\*\*150.00

Principal Place of Business

2025 RIVERTREE CIRCLE  
APARTMENT 101  
ORLANDO FL 32839

Mailing Address

2025 RIVERTREE CIRCLE  
APARTMENT 101  
ORLANDO FL 32839

LU011533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

764 Maitland Ave  
Suite, Apt. #, etc.

3. Mailing Address

764 Maitland Ave  
Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

MAITLAND, FL

4. FEI Number

59-3517924

Applied For

Not Applicable

Zip

Country

32701 SEMINOLE

Zip

Country

32701 SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, BARRY A  
2025 RIVERTREE CIRCLE  
APARTMENT 101  
ORLANDO FL 32839

7. Name and Address of New Registered Agent

None  
Roberts, Barry A  
Street Address (P.O. Box Number is Not Acceptable)  
764 Maitland Ave  
City Maitland FL Zip Code 32701

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 \$150.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, BARRY A	
STREET ADDRESS	2025 RIVERTREE CIRCLE, #101	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, DEBRA E	
STREET ADDRESS	2025 RIVERTREE CIRCLE, #101	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Roberts

Date

1-18-01

Daytime Phone #

407 484-9024

CR2E034 (10/00)