

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90123 039 \*\*\*163.75

**DOCUMENT # P99000017541**

**1. Entity Name**  
**ROBERTO DISTRIBUTORS, INC.**



**Principal Place of Business**  
5181 CINDERLANE PKWY  
APT #1014  
ORLANDO FL 32808

**Mailing Address**  
501 N ORLANDO AVE  
313-356  
WINTER PARK FL 32789-7313

**11011362**



**2. Principal Place of Business**

5181 CINDERLANE PKWY  
Suite, Apt. #, etc.  
APT # 1014

**3. Mailing Address**

501 N ORLANDO AVE  
Suite, Apt. #, etc.  
Suite 313-356

**City & State**

Orlando FL

**City & State**

Winter Park FL

**Zip**

32808

**Country**

U.S.A.

**Zip**

32789-7313

**Country**

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

NOT APPLICABLE

**Applied For**

☒ Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ROBERTO, LAWRENCE A  
5181 CINDERLANE PKWY  
APT. 1014  
ORLANDO FL 32808

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☒

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** ☐ Delete  
**NAME** D ROBERTO, LAWRENCE R  
**STREET ADDRESS** 5181 CINDERLANE PARKWAY  
**CITY-ST-ZIP** ORLANDO FL 32808

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 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**

**Date**

**Daytime Phone #**

CR2E034 (10/02)