

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042955

1. Entity Name  
M L ROBERTS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90256 009 \*\*\*150.00

Principal Place of Business

Mailing Address

111 S. 3RD STREET  
FLAGLER BEACH FL 32136

P.O. BOX 2452  
FLAGLER BEACH FL 32136-2452

2. Principal Place of Business

3. Mailing Address

2816 N. OCEANSHORE BLVD.

P.O. Box 2452

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Beverly Beach, FL

City & State  
FLAGLER BEACH, FL 32136

4. FEI Number  
59-3576065

Applied For  
Not Applicable

Zip  
32136

Country  
FLAger

Zip  
32136

Country  
FLAger

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

SAVY, BENJAMIN  
2825 N. OCEANSHORE BLVD  
BEVERLY BEACH FL 32136

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 \$150.00**  
**After MAY 1, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~PRESIDENT~~  
~~MARDA L. ROBERTS~~  
~~P.O. Box 2452~~  
~~FLAGLER BEACH, FL 32136~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~PRESIDENT~~  
~~MARDA L. ROBERTS~~  
~~P.O. Box 2452~~  
~~FLAGLER BEACH, FL 32136~~

☐ Change ☐ Addition

SAME

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE: MARDA L. ROBERTS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (904) 439-2222  
Date Daytime Phone #

CR2E034 (9/99)