

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90082 029 ***150.00

DOCUMENT # P99000042955

1. Entity Name

M L ROBERTS, INC.

Principal Place of Business

**2816 N. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136**

Mailing Address

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

SAME

2. Principal Place of Business

2816 N. OCEANSHORE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2452
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Beverly Beach, FL

City & State

FLAGLER BEACH, FL

4. FEI Number

59-3576065

Applied For

Not Applicable

Zip

32136

Country

USA

Zip

32136

Country

USA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
ROBERTS, MAROS** *SPelled wrong* ☐ Delete
**PO BOX 2452
FLAGLER BEACH FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
ROBERTS, MARDA L.** ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARDA L. ROBERTS, PRESIDENT

Date

4/10/01 904-439-2222

Daytime Phone #

CR2E034 (10/00)