

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90053 006 ***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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 2452

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FLAGLER Beach

City & State

4. FEI Number
59-3576065

Applied For

Not Applicable

Zip
32136

Country

FLAGLER

Zip

Country

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, 2002 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, MARDA L PO BOX 2452 FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: Marda L. Roberts **MARDA L. ROBERTS** **April 15, 2002** **(386) 439-4043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)