## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000093824

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

City & State

ROBERTS, DAVID

5752 MARKEL ST PALM CITY FL 34990

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Zip

**SIGNATURE** 

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DAVID ROBERTS ENTERPRISE INC.

Principal Place of Business Mailing Address 5752 MARKEL ST. 5752 MARKEL ST. PALM CITY FL 34990-5123 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

TITLE

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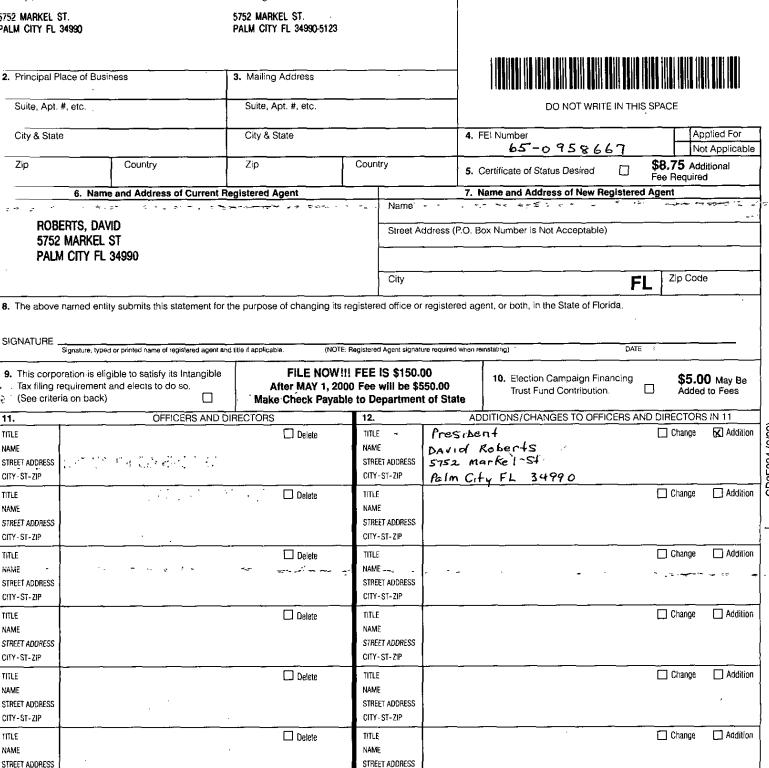
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City

## FILED Feb 02, 2000 8:00 am Secretary of State

02-02-2000 90035 046 \*\*\*150.00



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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone