## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

## **FILED DOCUMENT # \$79171** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name THE ROBERT CHARLES FINANCIAL GROUP, INC. 04-12-2000 90085 048 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 3393 4511 SE ROARING BRK WY STUART FL 34995-3393 STUART FL 34997 2. Principal Place of Business 3. Mailing Address 2796 SW Bridgeway St Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0287816 Not Applicable Palm City. \$8.75 Additional Country Country 5. Certificate of Status Desired 34990 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... FROBERG, KAREN D. FROBERG, KAREN D. Street Address (P.O. Box Number is Not Acceptable) 4511 SE ROARING BROOK WAY 2796 SW Bridgeway<u>Street</u> STUART FL 34997 Palm City 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. Karen D Froberg, V.P NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDT PDT Addition TITLE Delete TITLE FROBERG, FRED F. JR. 2796 SW Bridgeway Street FROBERG, FRED F. JR. MARKE STREET ADDRESS STREET ADDRESS 4511 SE ROARING BROOK WAY CITY-ST-ZIP STUART FL CITY-ST-7IP Palm City, FL 34990 VSD Change Addition Delete TITLE FROBERG, KAREN D. FROBERG, KAREN D. NAME 4511 SE ROARING BROOK WAY STREET ADDRESS STREET ADDRESS 2796 SW Bridgeway Street CITY-ST-ZIP STUART FL CITY-ST-ZIP Palm City, FL 34990 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

KAREN DE FROBERG, VP

561-283-0080