

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90310 005 \*\*\*158.75

**DOCUMENT # V04796**

1. Entity Name

**ROBERTS BUILDING GROUP, INC.**

Principal Place of Business

Mailing Address

6706 LONE OAK BLVD  
 NAPLES FL 34109  
 US

6706 LONE OAK BLVD  
 NAPLES FL 34109-6834  
 US

2. Principal Place of Business

3. Mailing Address

**3141 LANCASTER DR**

**3141 LANCASTER DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0307385**

Applied For

Not Applicable

Zip

**34105**

Country

**USA**

Zip

**34105**

Country

**USA**

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STOLLER, IVAN**  
**6706 LONE OAK BLVD**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3141 LANCASTER DR**

City

**NAPLES**

**FL**

Zip Code

**34105**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, DAN</b>	
STREET ADDRESS	<b>6706 LONE OAK BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STOLLER, IVAN</b>	
STREET ADDRESS	<b>6706 LONE OAK BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3141 LANCASTER DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3141 LANCASTER DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Ivan Stoller*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/00**  
 Date

**941-597-7555**  
 Daytime Phone #

CR2E034 (9/99)