FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **V04796** ROBERTS BUILDING GROUP, INC. 04-09-2001 90072 005 ***158.75 Principal Place of Business Mailing Address 3141 LANCASTER DRIVE 3141 LANCASTER DRIVE NAPLES FL 34105 NAPLES FL 34105 D0033046 US 2. Principal Place of Business 5637 STRAND BLUD 3. Mailing Address 5637 STRAND BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NAPLES City & State NAPLES 4. FEI Number 65-0307385 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOLLER, IVAN Street Address (P.O. Box Number is Not Acceptable) 5637 STRAND BLVD 3141 LANGASTER DRIVE NAPLES FL 34105 NAPLES 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete MARTIN, DAN NAME 5637 STEAND BLUD 3141 LANCASTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 NAPLES FL 34110 ☐ Delete TITLE TITLE STOLLER, IVAN NAME NAME 5637 STRAND BLVD STREET ADDRESS STREET ADDRESS 3141 LANCASTER DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL NAPLES FL 34105 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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