2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90055 048 ***550.00

011617 AT

DOCUMENT # F00000002712

1. Entity Name
ROLIN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 1017~~	P.O. BOX 1017
~~FT. WALTON BEACH FL 32549-1017~~	FT. WALTON BEACH FL 32549-1017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
634 Lovejoy Rd	P.O. Box 1017
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Walton Beach Fl.	City & State: Ft. Walton Beach, Fl.
Zip: 32548 Country: U.S.A.	Zip: 32549-1017 Country:

4. FEI Number 38-3043779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, LINDA
~~206 STOKES AVE., BLDG. 3B~~
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name: Linda Ross
Street Address (P.O. Box Number is Not Acceptable): 634 Lovejoy Rd.
City: Ft. Walton Beach FL Zip Code: 32548

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: Linda Ross 9-10-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 ROSS, LINDA ~~206 STOKES AVE., BLDG. 3B~~ ~~FT. WALTON BEACH FL 32548~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Linda Ross 634 Lovejoy Rd Ft. Walton Beach, Fl. 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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: Linda Ross SIGNATURE REQUIRED 9-10-01 850-654-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #