2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 an
Secretary of State
03-24-2000 90059 008 ***150.00

DOCUMENT # J05422

1. Entity Name

ROSE APPRAISAL, INC.

Principal Place of Business	Mailing Address
4691 N. UNIVERSITY DR. #206 (4690)	4691 N. UNIVERSITY DR. #206 (4690)
CORAL SPRINGS FL 33067	CORAL SPRINGS FL 33067-4620
US	US

4.
#
Cor

826443

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4630 N. University Dr	4630 N. University Dr
Suite, Apt. #, etc. PMB 206	Suite, Apt. #, etc. PMB 206
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33067 Country USA	Zip 33067 Country USA

4. FEI Number 59-2645452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, JOSHUA	Name
4691 N. UNIVERSITY DR. #206	Street Address (P.O. Box Number is Not Acceptable) 4526 N. W. 98th Lane
CORAL SPRINGS FL 33067	PMB
	City Coral Springs FL Zip Code 33076

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ROSE, JOSHUA		NAME	
STREET ADDRESS	4691 N. UNIVERSITY DR. #206		STREET ADDRESS	4630 N. University Dr. PMB 206
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	Coral Springs, FL 33067
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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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	

CR2E034 (9/99)

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: x [signature] REQUIRED 3-20-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #