

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90090 048 \*\*\*150.00

**DOCUMENT # J10373**

Entity Name

**WILROSE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**941 SOUTH OCEAN BLVD  
 DELRAY BEACH FL 33483**

**941 SOUTH OCEAN BLVD  
 DELRAY BEACH FL 33483-6639  
 US**

**80006903**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2661405**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

**ROSENBERG, ANN M  
 941 S OCEAN BLVD  
 DELRAY BEACH FL 33483**

Name

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

City

**FL**

Zip Code

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

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

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PDT	<input type="checkbox"/> Delete
NAME	ROSENBERG, WILLIAM	
STREET ADDRESS	941 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROSENBERG, ANN	
STREET ADDRESS	941 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	DELRAY BEACH FL	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Ann M. Rosenberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

561-243-0022

**Ann M. Rosenberg, Vice Pres. & Sec.**

Date Daytime Phone #