

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90057 013 \*\*\*150.00

0011005  
AV

**DOCUMENT # K62314**

1. Entity Name  
**ROSE SERVICES, INC.**



Principal Place of Business      Mailing Address

**% ROSE WILLIAM**      **% ROSE WILLIAM**  
**170 CUMBERLAND PARK DRIVE**      **170 CUMBERLAND PARK DRIVE**  
**SAINT AUGUSTINE FL 32095**      **SAINT AUGUSTINE FL 32095**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2928607**      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, WILLIAM**      Name  
**33 VALENCIA STREET**      Street Address (P.O. Box Number is Not Acceptable)  
**ST. AUGUSTINE FL 32084**      City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROSE, MARCHAL NEIL, II</b> <del><b>19110 WILD OLIVE CT</b></del> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12850 MISTLE TOE PLACE</b> <b>JACKSONVILLE, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ROSE, JOHN MCDONNELL</b> <b>1308 SPARKLEBERY COURT</b> <b>JACKSONVILLE FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ROSE, WILLIAM MINTON</b> <b>1515 KINGSWOOD</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE, WILLIAM NEIL</b> <b>33 VALENCIA STREET</b> <b>ST. AUGUSTINE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32085</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED      January 7, 2003 (904) 824-8849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)