

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074561

1. Entity Name

ROLLER GEAR, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90090 003 ***160.00

Principal Place of Business

Mailing Address

9647 TRADEPORT DRIVE
 ORLANDO FL 32827

9647 TRADEPORT DRIVE
 ORLANDO FL 32827-5361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3480055**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSE, ALEXANDER M
9647 TRADEPORT DRIVE
ORLANDO FL 32827

Name

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

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.

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

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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	J. SCOTT MONTANA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSE, ALEXANDER M	NAME	16760 SCHOENBOERN STREET,
STREET ADDRESS	5557 LOMA VISTA LOOP	STREET ADDRESS	NORTH HILLS, CALIFORNIA 91343
CITY-ST-ZIP	DAVENPORT FL 33837	CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, GREGORY	NAME	
STREET ADDRESS	12501 KENTUCKYWOODS CRT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32877	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, ROGER	NAME	
STREET ADDRESS	2826 LYON STREET	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, STEVEN L	NAME	
STREET ADDRESS	436 W LANDSTREET RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JAMES P	NAME	
STREET ADDRESS	436 W LANDSTREET RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	
TITLE	J Scott Montana <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16760 Schoenboern Street	NAME	
STREET ADDRESS	North Hills, California 91343	STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: Alexander M. Rouse Director

Date: 3.22.2000 Daytime Phone #: (407) 261-1115

CR2E034 (9/99)