

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90035 002 ***158.75

0482139

DOCUMENT # P97000074561

1. Entity Name
ROLLER GEAR, INC.

Principal Place of Business 9647 TRADEPORT DRIVE ORLANDO FL 32827	Mailing Address 9647 TRADEPORT DRIVE ORLANDO FL 32827
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3480055	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROUSE, ALEXANDER M
 9647 TRADEPORT DRIVE
 ORLANDO FL 32827**

7. Name and Address of New Registered Agent

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 _____ (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 \$150.00
After MAY 1, 2001 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

TITLE NAME	D ROUSE, ALEXANDER M	<input type="checkbox"/> Delete
STREET ADDRESS	5557 LOMA VISTA LOOP	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE NAME	PCEO BRACKETT, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS	12501 KENTUCKYWOODS CRT	
CITY-ST-ZIP	ORLANDO FL 32877	
TITLE NAME	D RUDD, ROGER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2826 LYON STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE NAME	D ATKINSON, STEVEN L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	436 W LANDSTREET RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE NAME	D CRAWFORD, JAMES P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	436 W LANDSTREET RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D J. SCOTT MONTANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10201 STAGG STREET	
CITY-ST-ZIP	VAN NUYS, CA 91406	
TITLE NAME	D RICHARD RUDD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	38. BATESMAN AVENUE	
CITY-ST-ZIP	NEWPORT, RHODE ISLAND, 02840.	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(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: Alexander Rouse 3/13/01 (407) 251-1115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)