

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0469394

DOCUMENT # P98000028898

1. Entity Name

SANTA ROSA ENTERPRISES, INC.

04-11-2001 90059 036 ***150.00

Principal Place of Business

Mailing Address

**301 ELVA STREET
 MILTON FL 32570**

**301 ELVA STREET
 MILTON FL 32570**

2. Principal Place of Business

3. Mailing Address

6743 Elva St.

6743 Elva St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2429725

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

**NORTHROP, I H JR
 301 ELVA STREET
 MILTON FL 32570**

Name

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

6743 Elva St.

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D NORTHROP, I H JR**
 STREET ADDRESS **301 ELVA STREET**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME **6743 Elva St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NORTHROP, ROBERT C**
 STREET ADDRESS **301 ELVA STREET**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME **6743 Elva St**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NORTHROP, LINDA C**
 STREET ADDRESS **301 ELVA STREET**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME **6743 Elva St**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 empowerment.

SIGNATURE:

I. H. Northrop Jr.

I. H. Northrop Jr.

Date

4/9/01

Daytime Phone #

**850
 623-3451**

CR2E034 (10/00)