

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 046 ***150.00

DOCUMENT # P99000019784

1. Entity Name
ROSE CREEK SYSTEMS, INC.

00047875



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1652 SHIRL LANE 1652 SHIRL LANE
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-7716

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

Zip Country Zip Country
 32217 USA

4. FEL Number Applied For
 59-4560412 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

LINDENFELD, IVAN J
 1652 SHIRL LANE
 JACKSONVILLE FL 32207

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: *Ivan J Lindendorf, President* DATE: 4-24-2000

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPST LINDENFELD, IVAN J 1652 SHIRL LANE JACKSONVILLE FL 32207	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>

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: *Ivan J Lindendorf* Date: 4-24-00 Daytime Phone #: 904 716 4818