

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90021 006 ***550.00

0112096 AV

DOCUMENT # P99000060017

1. Entity Name
THE RIO ROSE MARKET, INC.



Principal Place of Business
**2010 SW 55 STREET ROAD
OCALA FL 34474
00**

Mailing Address
**2010 SW 55 STREET ROAD
OCALA FL 34474
00**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3597074**

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**POWERS, ANGELA D
5001 SE 11TH AVENUE
OCALA FL 34480**

7. Name and Address of New Registered Agent

Name
H. RANDOLPH KLEIN

Street Address (P.O. Box Number is Not Acceptable)
333 NW 3RD AVE

City **OCALA** FL Zip Code **34475**

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 *H. Randolph Klein* DATE **7/30/03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	SARANDES, ANTHONY A	
STREET ADDRESS	2120 SW 55TH STREET ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHAMBLESS, CHARLOTTE	
STREET ADDRESS	2120 SW 55TH STREET ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POWERS, ANGELA D	
STREET ADDRESS	2010 SW 55 STREET ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)