

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041830

1. Entity Name

ALL ROSSI INCORPORATED

Principal Place of Business

2107 CHEEKE NENE
TALLAHASSEE FL 32301

Mailing Address

2107 CHEEKE NENE
TALLAHASSEE FL 32301

2. Principal Place of Business

2015 Spyglass Ln
Suite, Apt. #, etc.

3. Mailing Address

2015 Spyglass Ln
Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

32169

Country

Volusia

Zip

32169

Country

Volusia

6. Name and Address of Current Registered Agent

ROSSI, LOUIS D

2107 CHEEKE NENE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

2015 Spyglass Ln

City

New Smyrna Beach

FL

Zip Code

32169

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

Annette Rossi, Annette Rossi, VP

2-11-01

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

TITLE P
NAME ROSSI, LOUIS D
STREET ADDRESS 129 HERONS NEST LANE
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE VP
NAME ROSSI, ANNETTE
STREET ADDRESS 2107 CHEEKE NENE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE T
NAME ROSSI, THOMAS
STREET ADDRESS 2107 CHEEKE NENE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE S
NAME ROSSI, LOUIS R
STREET ADDRESS 2107 CHEEKE NENE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2015 Spyglass Ln
CITY-ST-ZIP New Smyrna Beach FL 32169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 2015 Spyglass Ln
CITY-ST-ZIP New Smyrna Beach FL 32169 ☐ Change ☒ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Annette Rossi, Annette Rossi

2-11-01

Date

904-428-0380

Daytime Phone #

A0023627



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)