

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90068 030 ***150.00

DOCUMENT # P95000073774

1. Entity Name

ROSE PEDALS INC.

Principal Place of Business

**3377 BEE RIDGE RD
UNIT 1C
SARASOTA FL 34239**

Mailing Address

**3377 BEE RIDGE RD
UNIT 1C
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0620402

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZVONIK, ROSA L
3377 BEE RIDGE RD
UNIT 1C
SARASOTA FL 34239**

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

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, 2002 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 **DP**
STREET ADDRESS **ZVONIK, ROSA L**
CITY-ST-ZIP **3377 BEE RIDGE RD UNIT 1C
SARASOTA FL 34239**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DIGRUTTOLO, PAULA**
CITY-ST-ZIP **3623 ALOHA DRIVE
SARASOTA FL 34232**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **MILLER, LEE ANN**
CITY-ST-ZIP **3818 CAROLINA AVENUE
SARASOTA FL 34234**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **ZVONIK, PATRICK**
CITY-ST-ZIP **3377 BEE RIDGE ROAD C-1
SARASOTA FL 34239**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CFO**
STREET ADDRESS **JASIANOWSKI, JOSPEH JR**
CITY-ST-ZIP **4700 OAK POINTE WAY
SARASOTA FL 34233-3524**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 empowered.

SIGNATURE: *Rosa L Zvonik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 (941) 925-2412
Date Daytime Phone #

CR2E034 (9/01)