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FILED Mar 29, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328272

1. Entity Name

ROSE CARBONIC INC							03-29-2001 90400 041 ***150.00			
Principal Place of Business 501 SO. COCOA BLVD. COCOA FL 32922 US			Mailing Address \ 501 SO. COCOA BLVD. COCOA FL 32922 US				០០០៩៩៨១១			
Principal Place of Business 3. Mailing Address			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 59-1205245 Applied For Not Applicab				
Zip	Zip Country		Zip	Zip Country		5.	5. Certificate of Status Desired Service Required Fee Required			
	6. Name	and Address of Current R	egistered Agent			7.	Name and Address of New Registered Agent	\dashv		
			<u> </u>		Name			ᅱ.		
DAWSON,ELROY M 1556 PARK WAY DRIVE MELBOURNE FL 32935					<u></u>		Box Number is Not Acceptable)			
MCL	BOURNE FL	. 32833			City		FL Zip Code	$\frac{1}{2}$		
SIGNATURE Signature, typed or printed name of registered egent and title it applicable. (NOTE: Regi 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered egent and title it applicable. (NOTE: Regi			/!!! FEE 001 Fee	will be \$550.0	0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.		OFFICERS AND D	IRECTORS	12.		ĨΑ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	TITLE NAM STRE		AL.	Change Addition	00/04/7000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1556 PAR	B JACQUELINE K WAY DRIVE NE FL 32935	☐ Delete		. 1		☐ Change ☐ Additio			
TITLE NAME STREET ADDRESS; CITY-ST-ZIP	-1556 PARI	ROY STEVEN K-Way-drive Ne Fl. 32935	Delete				Change Addition	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Additio	a		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Additio	n }		
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE			☐ Change ☐ Addition	ו		

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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

321-632-7301