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## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an

SIGNATURE

## Jan 23, 2002 8:00 am 328272 DOCUMENT # **Secretary of State** 1. Entity Name 01-23-2002 90015 013 \*\*\*150.00 ROSE CARBONIC INC Principal Place of Business Mailing Address 501 SO. COCOA BLVD. 501 SO. COCOA BLVD. **COCOA FL 32922** COCOA FL 32922 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1205245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, ELROY M 1556 PARK WAY DRIVE MELBOURNE FL 32935 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. Steven DAWSON FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE ۷D ☐ Delete TITLE Change ☐ Addition NAME DAWSON.ELROY M 1558 PARK WAY DRIVE 1599 Woodland Dr STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 Rockledge 61 32955 CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Change ☐ Addition NAME DAWSON.B JACQUELINE NAME 1556 PARK WAY DRIVE 1599 Wood land Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITLE Change ☐ Addition NAME DAWSON, ROY STEVEN NAME 1556 PARK WAY DRIVE 1018 FAIRWAY LAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 13. I hereby certify that the information supplied with this filips 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 apport 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