## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 08, 2002 8:00 am Secretary of State DOCUMENT # 578065 1. Entity Name 32 77 c. 1073 09-08-2002 90124 045 \*\*\*550.00 ROLAND OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 2644 E. OAKLAND PARK BLVD. 2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 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 59-1830300 Not Applicable 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 Name HODGES, ROLAND Street Address (P.O. Box Number is Not Acceptable) 2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 City 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 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 \*FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition V1 (C) HODGES, ROLAND NAME NAME 2644 E. OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME HODGES, MARY FRANCES NAME STREET ADDRESS 2644 E. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33306 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

SIGNATURE:

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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

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changed, or on an attachment with an address, with all other like empowered.