


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90123 010 ***150.00

DOCUMENT # 592091

1. Entity Name
BERNARD R. ROLL, INC.



Principal Place of Business
**4772 HICKORY SHORES BLVD
GULF BREEZE FL 32563**

Mailing Address
**4772 HICKORY SHORES BLVD
GULF BREEZE FL 32563**

2. Principal Place of Business
**3911 WINDSOR CASTLE BLVD
MILTON FIA**

3. Mailing Address
**PO BOX 632
BAGDAD FIA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1925050**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROLL, BERNARD R.
4772 HICKORY SHORES BLVD
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
3911 WINDSOR CASTLE BLVD
City **MILTON, FIA** FL Zip Code **32583**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROLL, BERNARD R. 4772 HICKORY SHORES BLVD GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROLL, ANDREA 4772 HICKORY SHORES BLVD GULF BREEZE FL-32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROLL, DIANE 4772 HICKORY SHORES BLVD. GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3911 WINDSOR CASTLE BLVD MILTON, FIA 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY / TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3911 WINDSOR CASTLE BLVD MILTON, FIA 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3911 WINDSOR CASTLE BLVD MILTON, FIA 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE: Andrea Roll **S/T ANDREA ROLL** 2/21/03 850-626-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)