

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593715

1. Entity Name

ROSE DRY WALL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90166 010 ***150.00

Principal Place of Business
2103 Seaman Rd
2714 S ARMENIA CT.
TAMPA FL 33612

Mailing Address
2103 Seaman Rd.
2714 S ARMENIA CT.
TAMPA FL 33612

2. Principal Place of Business

2103 Seaman Rd
Suite, Apt. #, etc.

3. Mailing Address

2103 Seaman Rd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2094166

Applied For

Not Applicable

Zip

Country

33612 USA

Zip

Country

33612 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, MICHAEL N.
315 E. MADISON ST., STE. 611
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	PSDV	<input type="checkbox"/> Delete
NAME	ROSE, PATSY L.	
STREET ADDRESS	2714 S ARMENIA CT. 1611 Lake Heron Drive	
CITY-ST-ZIP	TAMPA FL Lutz, FL 33549	
TITLE	TCD	<input type="checkbox"/> Delete
NAME	ROSE, EDDIE W.	
STREET ADDRESS	2714 S ARMENIA CT. 1611 Lake Heron Drive	
CITY-ST-ZIP	TAMPA FL Lutz, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/13/2000 (813) 935-5977

Date

Daytime Phone #

CR2E034 (9/99)