

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

01-20-2000 90166 010 \*\*\*150.00

**DOCUMENT # 593715**  
 1. Entity Name  
**ROSE DRY WALL, INC.**

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**

Zip  
**33612** Country  
**USA**

Zip  
**33612** Country  
**USA**

4. FEI Number **59-2094166** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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 <b>PSDV</b>	<input type="checkbox"/> Delete
NAME <b>ROSE, PATSY L.</b>	
STREET ADDRESS <b>1611 Lake Heron Drive</b>	
CITY-ST-ZIP <b>TAMPA FL Lutz, FL 33549</b>	
TITLE <b>TCD</b>	<input type="checkbox"/> Delete
NAME <b>ROSE, EDDIE W.</b>	
STREET ADDRESS <b>1611 Lake Heron Drive</b>	
CITY-ST-ZIP <b>TAMPA FL Lutz, FL. 33549</b>	
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	
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: *Patsy L. Rose* President 1/13/2000 (813) 935-5977  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)