

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690863

1. Entity Name

ROGER ROSSI MUSIC, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90043 017 ***150.00

Principal Place of Business

418 SW EASTPORT CIRCLE
PORT ST LUCIE FL 334953
US

Mailing Address

418 SW EASTPORT CIRCLE
PORT ST LUCIE FL 34953-7126
US

2. Principal Place of Business

1872 SW Autumnwood Way

Suite, Apt. #, etc.

3. Mailing Address

1872 SW Autumnwood Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FL

City & State

PALM CITY FL

4. FEI Number

59-2264903

Applied For

Not Applicable

Zip

34990

Country

MARTIN

Zip

34990

Country

MARTIN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSITO, ROGER F
418 SW EASTPORT CIRCLE
PORT ST LUCIE FL 34953

Name

Street Address (P.O. Box Number is Not Acceptable)

1872 SW Autumnwood Way

City

PALM CITY

FL

Zip Code

34990

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	PD	<input type="checkbox"/> Delete
NAME	ROSSITO, ROGER F.	
STREET ADDRESS	418 SW EASTPORT CIRCLE	
CITY - ST - ZIP	PORT ST LUCIE FL 34953	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSSITO, SYLVIA A.	
STREET ADDRESS	418 SW EASTPORT CIRCLE	
CITY - ST - ZIP	PORT ST LUCIE FL 34953	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITO, ROGER F.	
STREET ADDRESS	1872 SW Autumnwood Way	
CITY - ST - ZIP	PALM CITY, FL 34990	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITO, SYLVIA A.	
STREET ADDRESS	1872 SW Autumnwood Way	
CITY - ST - ZIP	PALM CITY FL 34990	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 1-561-286-4400
Date Daytime Phone #

CR2E034 (9/99)