

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90091 010 ***150.00

DOCUMENT # 856846

1. Entity Name
ROLYN (INVERNESS) INC.



Principal Place of Business
**808 THIRD STREET, STE C
NEPTUNE BEACH FL 32266-5018**

Mailing Address
**245 PEACHTREE CENTER AVE NE
SUITE 2800
ATLANTA GA 30303-1227**

2. Principal Place of Business
818 A-1-A North

3. Mailing Address

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL 32082

City & State

Zip Country

Zip Country

4. FEI Number **58-1392456**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROULEAU, ROBERT
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name
Robert Rouleau
Street Address (P.O. Box Number is Not Acceptable)
818 A-1-A North, Suite 203
City **Ponte Vedra Beach** **FL** Zip Code **32082**

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]*
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 | PDS ROULEAU, ROBERT 808 3RD STREET STE C NEPTUNE BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROULEAU, ROBERT T. 5500 AV ROYALMOUNT #200 MONTREAL QUEBEC CANADA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-03 704 280 0008

CR2E034 (10/02)