

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90206 007 ***155.00

0622006 AT

DOCUMENT # F01000000970

1. Entity Name
ROSEWOOD CONSTRUCTION CO., INC.



Principal Place of Business
**327 DAHLONEGA ROAD, SUITE 104-A
CUMMING GA 30028**

Mailing Address
**PO BOX 2247
CUMMING GA 30028**

2. Principal Place of Business
327 DAHLONEGA RD

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 904B

Suite, Apt. #, etc.

City & State
CUMMING, GA

City & State

Zip Country
30040 USA

Zip Country

4. FEI Number **58-2457924**

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

**GALLOWAY, JEFF
123 GULF BEACH DR. WEST
ST. GEORGE ISLAND FL 32328**

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. 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 **P** ☐ Delete
NAME **PHILLIPS, J. HAROLD**
STREET ADDRESS **327 DAHLONEGA ROAD, SUITE 104-A**
CITY-ST-ZIP **CUMMING GA 30028**

TITLE **V** ☐ Delete
NAME **PHILLIPS, CHRISTOPHER J**
STREET ADDRESS **327 DAHLONEGA ROAD, SUITE 104-A**
CITY-ST-ZIP **CUMMING GA 30028**

TITLE **ST** ☐ Delete
NAME **HALL, JO ANN**
STREET ADDRESS **13165 HOPEWELL ROAD**
CITY-ST-ZIP **ALPHARETTA GA 30004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PHILLIPS, J. HAROLD**
STREET ADDRESS **327 DAHLONEGA RD SUITE # 904B**
CITY-ST-ZIP **CUMMING, GA 30040**

TITLE **V** ☒ Change ☐ Addition
NAME **PHILLIPS, CHRISTOPHER J**
STREET ADDRESS **327 DAHLONEGA RD SUITE # 904B**
CITY-ST-ZIP **CUMMING, GA 30040**

TITLE **ST** ☒ Change ☐ Addition
NAME **HALL, JO ANN**
STREET ADDRESS **327 DAHLONEGA RD SUITE # 904B**
CITY-ST-ZIP **CUMMING, GA 30040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Charles Phillips** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 770-205-9294

Date

Daytime Phone #

CR2E034 (10/02)