

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90853 001 ***300.00

04/14/2003 08:00 AM

DOCUMENT # F09288

1. Entity Name

ROME AVENUE, INC.



Principal Place of Business
1712 LEMON STREET
TAMPA FL 33606

Mailing Address
1712 LEMON STREET
TAMPA FL 33606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1260896**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WEINSTEIN, IRA
3902 HENDERSON BLVD.
SUITE 200
TAMPA FL 33629-5034

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WEINSTEIN, IRA**
STREET ADDRESS **3902 HENDERSON BLVD., SUITE 200**
CITY-ST-ZIP **TAMPA FL 34**

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

TITLE **D** ☐ Delete
NAME **BYRD, ANNLYNN**
STREET ADDRESS **2501 W TYSON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **CD** ☐ Delete
NAME **BYRD, JULIAN H**
STREET ADDRESS **2501 W TYSON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **S** ☐ Delete
NAME **HOLLOWAY, DEBORAH**
STREET ADDRESS **4018 W. BARCELONA ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4114 W. San Juan St.**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BYRD, ROBERT H**
STREET ADDRESS **3114 S JULIA CR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3008 W. Hawthorne Road**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
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: Deborah Holloway **Deborah Holloway, Secretary** **4/10/03** **813/251-1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)