2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000004805**

1. Entity Name

RORONO DESIGN XXXX TEMOX INCX

PDS SOLUTIONS, INC.

C/O JOHN SCHAEFER, ESO. 1135 PASADENA AVE., SOUTH, STE 207 ST PETERSBURG FL 33707

Principal Place of Business

Mailing Address

C/O JOHN SCHAEFER. ESO. 1135 PASADENA AVE., SOUTH, STE 207 ST PETERSBURG FL 33707-2888

					<u> </u>				
2. Principal Place of Business		3. Mailing Address			THE REPORT OF THE PART OF THE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SE	PACE		
City & State		City & State		4.	FEI Number 23-2220673	-		olied For Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
SCHAEFER, JOHN 1135 PASADENA AVE., SOUTH STE 207 ST PETERSBURG FL 33707				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									
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) Tax filing requirement and elects to do so.			00 Fee will be	II be \$550.00 Trust Fund Contribution. [cing	\$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	IN 11	
TITLE	CD	₩ Delete	TITLE	TcD .			Change	X Addition	
NAME			NAME	HALDE	HALDEMAN, DAVID L				
STREET ADDRESS			STREET ADDRES		RR 2 BOX 11				
CITY-ST-ZIP			CITY-ST-ZIP	1	KINGSLEY PA 18826				
TITLE	ASTD	□ Delete	TITLE				☐ Change	Addition	
NAME	RICKARD, JOAN H		NAME					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
STREET ADDRESS	RR 1 BOX 1502		STREET ADDRES	;				į	
CITY-ST-ZIP	WAYMART PA		CITY-ST-ZIP						
TITLE	PD .	_ Delete	TITLE					☐ Addition	
NAME	WENTWORTH, W P		NAME						
STREET ADDRESS	RR 1 BOX 1503		STREET ADDRES	5					
City-St-ZIP	WAYMART PA		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE	1			☐ Change	Addition	
NAME	MORCOM, THERESA R		NAME						
STREET ADDRESS	RR 1 BOX 1504		STREET ADDRES	;					
CITY-ST-ZIP	WAYMART PA		CITY-ST-ZIP	_					
TITLE	D	🔀 Delete	TITLE				☐ Change	☐ Addition	
NAME	MORCOM, GREGORY L		NAME						
STREET ADDRESS	RR 1 BOX 1504		STREET ADDRES	· [
CITY-ST-ZIP	WAYMART PA	17.	CITY-ST-ZiP						
TITLE	l D	Delete	TITLE				Change	☐ Addition ↓	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

WENTWORTH, KIMBERLY R

RR 1 BOX 1503

WAYMART PA

NAME STREET ADDRESS

CITY-ST-ZIP

(570) 342-3000

FILED

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90144 034 ***158.75