

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001397

1. Entity Name

ROLYN CONSTRUCTION CORPORATION

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90004 026 ***150.00

Principal Place of Business

Mailing Address

11609 NEBEL ST
ROCKVILLE MD 20852

11609 NEBEL ST
ROCKVILLE MD 20852-1828

2. Principal Place of Business

12312 WILKINS AVE

Suite, Apt. #, etc.

3. Mailing Address

12312 WILKINS AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROCKVILLE MD

City & State

ROCKVILLE MD

4. FEI Number

52-1247718

Applied For

Not Applicable

Zip
20852-1828

Country
USA

Zip
20852-1828

Country
USA

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

BERGMAN, GERTRUDE
3000 NW 42ND AVE #B203
COCONUT CREEK FL 33066

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BERGMAN, RONALD	
STREET ADDRESS	11609 NEBEL ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERGMAN, SAMUEL J	
STREET ADDRESS	11609 NEBEL ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERGMAN, LYNNE S	
STREET ADDRESS	11609 NEBEL ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERGMAN, AMANDA G	
STREET ADDRESS	11609 NEBEL ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12312 WILKINS AVE	
CITY-ST-ZIP	20852-1828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12312 WILKINS AVE	
CITY-ST-ZIP	20852-1828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12312 WILKINS AVE	
CITY-ST-ZIP	20852-1828	
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

AMANDA G. BERGMAN, TREAS

Date

Daytime Phone #

1-26-00 301-468-1553

CR2E034 (9/99)