

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # F97000002220****1. Entity Name**
ROSAMED INC.

Principal Place of Business 211 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118	Mailing Address 211 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3444291Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323010000 US**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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	AMON URSULA	
STREET ADDRESS	4205 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	

TITLE	DC	<input type="checkbox"/> Delete
NAME	SCHMIDT MARGOT MDR	
STREET ADDRESS	9327 OLD MT. VERNON RD.	
CITY-ST-ZIP	ALEXANDRIA VA 22309	

TITLE	PVT	<input type="checkbox"/> Delete
NAME	SCHMIDT MARGOT MDR	
STREET ADDRESS	9327 OLD MT. VERNON RD.	
CITY-ST-ZIP	ALEXANDRIA VA 22309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT MARGOT MDR	
STREET ADDRESS	209 S. HALIFAX DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT MARGOT MDR	
STREET ADDRESS	209 S. HALIFAX DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

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		

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:** Ursula Amon

S 04/28/2000