## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 29, 2002 8:00 am Secretary of State DOCUMENT # F97000002220 1. Entity Name 05-29-2002 90691 003 \*\*\*150 00 ROSAMED INC. Principal Place of Business Mailing Address 211 E. INTERNATIONAL SPEEDWAY BLVD. 211 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3444291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-0000 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change SCHMIDT, MARGOT M DR NAME NAME 209 S. HALIFAX DRIVE STREET ADDRESS STREET ADDRESS **DAYTONA BEACH FL 32118** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCHMIDT, MARGOT M DR NAME NAME STREET ADDRESS 209 S. HALIFAX DRIVE STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME AMON, URSULA NAME 4205 S. ATLANTIC AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32127 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02

Daytime Phone #

CR2E034 (9/01)

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

May 22, 2002

Per our conversation of today, I am enclosing my Corporate Report along with my check for \$150. As I explained to you, we recently had an accountant abandon her position with our company. Upon her departure, I personally went through her desk and found our Corporate Reports, which she had assured me she had mailed to you prior to our deadline of May 1, 2002. I respectfully request you make an exception and except my Corporate Report and fee without an additional late fee.

Your consideration in this matter is greatly appreciated.

Ursula Amon

Director