

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67089

1. Entity Name
DALE C. ROSSMAN, INC.

Principal Place of Business
502 COUNTRY ROAD 640 EAST
POST OFFICE BOX 1021
MULBERRY FL 33860
US

Mailing Address
P.O. BOX 1021
MULBERRY FL 33860
US

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 59-2340401

Applied For
Not Applicable

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

ROSSMAN, DALE C.
502 COUNTY RD 640 E
MULBERRY FL 33860

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, 2001 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 DP ☐ Delete
NAME ROSSMAN, DALE C.
STREET ADDRESS 2160 SR 37 SOUTH
CITY-ST-ZIP MULBERRY FL

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS 6977 HAYTOR DRIVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE V ☐ Delete
NAME BROWN, KENNETH D.
STREET ADDRESS 2132 HOOFPRIANT LANE
CITY-ST-ZIP LAKELAND FL

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

TITLE VST ☐ Delete
NAME JORDAN, RONALD E
STREET ADDRESS 3817 SCOVILL LANE
CITY-ST-ZIP VALRICO FL

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

TITLE V ☐ Delete
NAME CARPENTER, FRANK J.
STREET ADDRESS 5359 BLACK PINE DR
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DALE C. ROSSMAN

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)