## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # H08640** ROSSMAN & COMPANY OF FLORIDA, INC. 03-02-2000 90074 004 \*\*\*150.00 Principal Place of Business Mailing Address 3592 CORPORATE EXCHANGE DR -- S. US HWY. 1 HIDITER FL 33477 00027247 COLUMBUS OH 43214 2. Principal Place of Business 3. Mailing Address Corporate Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 102 City & State City & State 4. FEI Number Applied For 31-1185394 Not Applicable Zip Country 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 ELIAS, JOHN Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 49TH ST. #100 HIALEAH FL 33012 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITLE ROSSMAN, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 3592 CORPORATE DR STE 105 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43231 VP ☐ Delete Change Addition TITLE ROSSMAN, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 3592 CORPORATE DR STE 105 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43231 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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:

CR2E034 (9/99)