

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90038 014 ***150.00

DOCUMENT # H25457

1. Entity Name
RON ROSE PRODUCTIONS, INC.

Principal Place of Business

**3409 W LEMON ST
TAMPA FL 33609**

Mailing Address

**3409 W LEMON ST
TAMPA FL 33609**

2. Principal Place of Business

1101 N. Himes Avenue

Suite, Apt. #, etc.

3. Mailing Address

1101 N. Himes Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number **59-2459987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POOLE, DONALD M.
3409 W. LEMON ST.
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **POOLE, DONALD M.**
Street Address (P.O. Box Number is Not Acceptable)
1101 N. Himes Avenue
City **Tampa** FL Zip Code **33607**

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 **Donald M Poole**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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

TITLE **PS** ☐ Delete
NAME **POOLE, DONALD**
STREET ADDRESS **18801 BROOKER CREEK DR.**
CITY-ST-ZIP **ODESSA FL**

TITLE **VP** ☐ Delete
NAME **ROCZ, RONALD**
STREET ADDRESS **29277 SOUTHFIELD RD.**
CITY-ST-ZIP **SOUTH FIELD MI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01
Date

813-873-7700
Daytime Phone #

CR2E034 (10/00)