2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91165 007 ***150.00

DOCUMENT # H29865

1. Entity Name: Rovex, Inc

771094

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Rovex, Inc	David Rovell-Rixx
Suite, Apt. #, etc.: 427 S.W. 40 Terr	Suite, Apt. #, etc.: 427 S.W. 40 Terrace
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32607 Country: USA	Zip: 32607 Country: USA

4. FEI Number: 592480703

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

David Rovell Rixx
10703 NE CR 1469
Earleton, FL 32631

7. Name and Address of New Registered Agent

Name: David Rovell-Rixx
Street Address (P.O. Box Number is Not Acceptable): 427 S.W. 40th Terrace
City: Gainesville FL Zip Code: 32607

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: David Rovell-Rixx David Rovell-Rixx P.T 4/30/01
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 Each To Be Added to Fund

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer David Rovell-Rixx 427 SW 40 Terrace Gainesville, FL 32607	☐ Delete	TITLE P/T NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer David Rovell-Rixx 427 SW 40 Terrace Gainesville, FL 32607	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lois Wolf 433 Press Lindler Road Columbia, Sc, 29212	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Lois Wolf 433 Press Lindler Columbia, SC, 29212	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Patricia Rovell-Rixx	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Rovell-Rixx 821 Shelter Cove Court Columbia, Sc, 29212	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Rovell-Rixx David Rovell-Rixx 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E031 (1/96)