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2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am **DOCUMENT #** J80357 **Secretary of State** 1. Entity Name ROSENDAHL ENTERPRISES, INC. 07-10-2001 90006 031 ***150.00 Principal Place of Business Mailing Address* 5911_ORANGE AVE. 7465 COMMUNICIA SUIT ORANGE AVE. 3+ pierce FT. PIERCE FL 34947-1551 FT. PIERCE FL 34947-1551 Kings Huy 2 Houstrial PArk 3210 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2838658 Not Applicable 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 ROSENDAHL, TIM A. Street Address (P.O. Box Number is Not Acceptable) Kings Hung Industrial PARK Dt pierce, De 34947 5911-ORANGE-AVE. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition ROSENDAHL, TIM A. 3010 IROQUOIS AVE. 2836 F New # Not NAME NAME STREET ADDRESS STREET ADDRESS FT. PIERCE FL 34846 CITY-ST-ZIP CITY-ST-ZIP TITLE **VST** ☐ Change ☐ Addition - 3210 IROQUOIS AVE. D.8 3 6 F New & Not NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34986 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the empowered.

FLORIDA DEPARTMENT OF STATE

Secretary of State Katherine Harris

DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

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