2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K34657 **DOCUMENT #**

1. Entity Name

ROSARIE'S ACCOUNTING, INC.



Apr 14, 2003 8:00 am 5 Secretary of State **FILED**

| THE STO |
|--------------|
| SA COLOR |
| PARTITION OF |
| |
| (主) |
| |
| 000 WE 1 |

| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | | | 1 | | | | | |
|--|---|----------------------------|-------------------------------------|------------------|---|--------------|----------------------|------------------------------------|--|-------------|-----------------|----------------|--------------|
| Sufe. Apt. #, etc. Suffe. Apt. #, etc. General productes Suffe. Apt. #, etc. General productes Suffe. Applied For Applied Applied Applied Applied Applied Applied Applied For Applied Applied Applied Applied Applied For Applie | % ROSARIE JEANNE CARLTON 15906 EAGLE RIVER WAY | | | % R(1590 | % ROSARIE JEANNE CARLTON 15906 EAGLE RIVER WAY | | | | | | | | |
| Cry & State Country Country Country Country Country A. FEI Number 59-2910346 S. Certificate of Status Desired Solid Special Solid Special Foo Program Nature Foo Program F | 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | AN BIBN FIRM | DIEN BIBN 1001 | |
| Zip Country Zip Country 5, Certificate of Status Desired Status Desired 5, S. 75, Additional Face Required Country 5, Certificate of Status Desired 5, S. 75, Additional Face Required Country 5, Certificate of Status Desired 4, Sent Status Desired Country 6, Sent Required Country 7, Name and Address of New Registered Agent 7, Name and Address of New Registered Agent 7, Name 1, Sent Address (P.O. 80x Number is Not Acceptable) City FL | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| 6. Name and Address of Current Registered Agent CARLTON, ROSARIE JEANNE 15006 EAGLE RIVER WAY TAMPA FL 33624 Cty Cty FL Zip Code Cty FL Zi | City & State | | | City | City & State | | | 4. 1 | 4. FEI Number 59-2910346 | | | | e |
| CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY TAMPA FL 33824 City FL Zip Code City | Zip | Country | | | | try | 5. (| 5. Certificate of Status Desired S | | | B.75 Additional | | |
| CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY TAMPA FL 33824 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 Fiorida. I am familiar with, and accept the obligations of registered agent and tise if espirate the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent and tise if espirate the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent and tise if espirate the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and | | 6. Name | and Address of Current | Register | ed Agent | | | 7. 1 | Name and Address of New Reg | | | | 7 |
| 15906 EAGLE RIVER WAY TAMPA FL 33624 City FL Zip Code | سمير - ۳۰ | | | بالاعتماليات | | est se | - Name | | | · * | ·-: | | ₹ - |
| TAMPA FL 33624 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent and title if explaisable. SIGNATURE S | | | | | Street Address | | | ess (P.O. B | (P.O. Box Number is Not Acceptable) | | | | |
| B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | | | | | • | | 1 |
| THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY DITY-ST-2P THE ST CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY DITY-ST-2P THE ST CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY DITY-ST-2P THE ST CARLTON, ROSARIE JEANNE SIREET ADDRESS DITY-ST-2P THE MAKE SIR | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State 10. | | | | or the purp | oose of changing its | registere | ed office or reg | jistered ag | ent, or both, in the State of Florid | la. I am f | amiliar with | , and accept | |
| ### After May 1, 2003 Fee will be \$55.00 ### Make Check Payable to Florida Department of State 10. | SIGNATURE . | Signature, typed | or printed name of registered agent | and title if app | olicable. (NOTE | : Registered | I Agent signature re | nertw beriup | einstating) | DATE | | , , , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST CARLTON, ROSARIE JEANNE STREET ADDRESS CITY-ST-ZIP TITLE ST CARLTON, ROSARIE J MAD Addition CITY-ST-ZIP TITLE ST CARLTON, ROSARIE J MAD Addition CARLTON, ROSARIE J MAD ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | After | May 1, 200 | 3 Fee will be \$550.00 | f State | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE CARLTON, ROSARIE JEANNE 15906 EAGLE RIVER WAY TAMPA FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CARLTON, ROSARIE J 15906 EAGLE RIVER WAY TAMPA FL 33624-1599 TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP | 10., | | OFFICERS AND | DIRECTO | PRS . | 11. | | AD | DITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 11 | 7 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TS906 EAGLE RIVER WAY TAMPA FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | P | | | ☐ Delete | TITLE | | | - | | ☐ Change | Addition | . ∏ ફ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME | CARLTON, ROSARIE JEANNE | | | | NAME | <u>:</u> | | | | | | - 3 |
| TITLE NAME - CARLTON, ROSARIE J STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS | STREET ADDRESS | RESS 15906 EAGLE RIVER WAY | | | | | ET ADDRESS | | | | | | 3 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | tampa Fl | | | CITY | | ·ST-ZIP | | | | | | · } |
| STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624-1599 TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | ST | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | غ ا |
| CITY-ST-ZIP TAMPA FL 33624-1599 CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE AMAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete | NAME " | | | | | NAME | | | | | | | 1 |
| TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAM | | | | | | STRE | ET ADDRESS | | | | | • | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | TAMPA FL | 33624-1599 | | | CITY- | ST-ZIP | | | | | | 4 |
| STREET ADDRESS CITY-ST-ZIP | TITLE | | | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | e si e e | • | ್ ಎಂಬಿಂದ ತಿ್ೆ ಕಂ | | - 1 | ee - Se ∪-12 | معید ن یو د ا ممعی اری <u>تاریبی</u> یو ۱ د۱ مده | | er en como | - - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHY-SI-ZIP | | | | | CIIY- | -Si-ZIP | | | | | | 4 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | | | | ☐ Delete | | | | | | Change | Addition | ł |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | • | | | | - | | | | | | | 4 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | l | | | ☐ Delete | | | | | | L Change | | l' |
| CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | | | | | - 1 | | | | | | |
| TITLE TITLE TITLE TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | 1 | | | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | | | | | | - | | | | | | | \dashv |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | | | | | □ De/ete | | | | | | ∟ ∪nange | ☐ Addition | |
| CITY-ST-ZIP CITY-ST-ZIP | 1 | | | | | | | | | | | | |
| | CITY-ST-ZIP | | | | | | | | | | | | |
| | | ertify that the | information supplied with | this filing | does not qualify for | | | n Section | 119.07(3)(i), Florida Statutes I fi | rther cert | ify that the | information | 1 |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.