

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01062

1. Entity Name

ROLEC ENCLOSURES USA, INC.

Principal Place of Business

% EDWARDS, CURTIS & WARD, P.A.
3055 CARDINAL DRIVE SUITE 202
VERO BEACH FL 32963

Mailing Address

% EDWARDS, CURTIS & WARD, P.A.
3055 CARDINAL DRIVE SUITE 202
VERO BEACH FL 32963

2. Principal Place of Business

%Curtis, Ward & Assoc, P.A.

Suite, Apt. #, etc.

3055 Cardinal Dr, Suite 202

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Address

%Curtis, Ward & Assoc, P.A.

Suite, Apt. #, etc.

3055 Cardinal Dr, Suite 202

City & State

Vero Beach, FL

Zip

32963

Country

USA

6. Name and Address of Current Registered Agent

CURTIS, NED P.
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	PTD	<input type="checkbox"/> Delete
NAME	ROSE, FRIEDHELM	
STREET ADDRESS	D32457 PORTAW.FALICA,MINDENER	
CITY-ST-ZIP	W. GERMANY WEG 24B OC	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSE, MATTHIAS	
STREET ADDRESS	3260 RINTEIN 1, GERHART-HAUPTMANN-WEG14	
CITY-ST-ZIP	WEST GERMANY	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURTIS, NED P.	
STREET ADDRESS	3055 CARDINAL DR #202	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ned P. Curtis

Ned P. Curtis

1/5/2001

561/234-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90050 006 ***150.00

U U J I T U



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0131051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0086302