

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47721

1. Entity Name
ROSE PEKRUL, P.A.

Principal Place of Business
C/O ROSE PEKRUL
13180 NORTH CLEVELAND AVENUE #218
NORTH FORT MYERS FL 33903

Mailing Address
C/O ROSE PEKRUL
13180 NORTH CLEVELAND AVENUE #218
NORTH FORT MYERS FL 33903

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEKRUL, ROSE 1431 SE 18TH TERR CAPE CORAL FL 33990			Name Street Address (P.O. Box Number is Not Acceptable) City <input type="checkbox"/> Zip Code <input type="checkbox"/>		

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 <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		(NOTE: Registered Agent's 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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS PEKRUL, ROSE 1431 SE 18TH TERRACE CAPE CORAL FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Rose Pekrul* Rose Pekrul - 4/18/01 ✓ 941-987-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90058 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0166859** Applied For
 Not Applicable

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

CR2E034 (10/00)