

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90057 048 \*\*\*150.00

**DOCUMENT # L50486**

1. Entity Name  
**ROSINCO, INC.**

Principal Place of Business

**% ROSEMARY PERRY**  
**1108 COUNTRY CLUB CR**  
**N PALM BEACH FL 33408**

Mailing Address

**% ROSEMARY PERRY**  
**1108 COUNTRY CLUB CR**  
**N PALM BEACH FL 33408**



2. Principal Place of Business

**NEW ADDRESS**

3. Mailing Address

**NEW ADDRESS**

Suite, Apt. #, etc.

**4153 LAZY HAMMOCK RD**

Suite, Apt. #, etc.

**4153 LAZY HAMMOCK RD**

City & State

**PALM BEACH GARDENS FL**

City & State

**PALM BEACH GARDENS FL**

Zip

**33410**

Country

**PALM BEACH**

Zip

**33410**

Country

**PALM BEACH**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0180624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, ROSEMARY**

**1108 COUNTRY CLUB CR**  
**N PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

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

**4153 LAZY HAMMOCK RD**

**PALM BEACH GARDENS FL**

**33410**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>PERRY, ROSEMARY</b> <b>1108 COUNTRY CLUB CR</b> <b>N PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CABANAS, DOROTHEA</b> <b>1108 COUNTRY CLUB CIR</b> <b>N PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4153 LAZY HAMMOCK RD</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4153 LAZY HAMMOCK RD</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**  
**Rosemary Perry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**561-627-4988**

Daytime Phone #

CR2E034 (9/01)