

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60621

1. Entity Name

ROSKAR CORP., INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90020 015 ***150.00

Principal Place of Business

Mailing Address

~~106 COMMERCE WAY~~

~~106 COMMERCE WAY~~

~~B7~~

~~JUPITER FL 33458~~

A0002036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

120 DUNES EDGE ROAD

120 DUNES EDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER FL

JUPITER FL

4. FEI Number

65-0181659

Applied For

Not Applicable

Zip

33477

Country

Palm Beach

Zip

33477

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRYDA, WILLIAM C.
120 DUNES EDGE ROAD
JUPITER FL 33477**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEIN, GABRIELE M	
STREET ADDRESS	106 COMMERCE WAY, B7	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KRYDA, WILLIAM C	
STREET ADDRESS	106 COMMERCE WAY, B7	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GABRIELE M. KLEIN

561-841-0800

CR2E034 (9/99)