

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60710

1. Entity Name

ROSE INDUSTRIAL MARKETING INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90141 012 ***150.00

Principal Place of Business

Mailing Address

1586 GULF BLVD
2403
CLEARWATER FL 33767
US

P.O. BOX 25633
TAMPA FL 33622-5633

2. Principal Place of Business

3. Mailing Address

9815 Gingerwood Dr.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number 59-2999852

Applied For
Not Applicable

Zip
33626

Country

Zip

Country

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

ROSE, GARY C.
1586 GULF BLVD
2403
CLEARWATER FL 33767
9815 Gingerwood Dr.
Tampa, FL 33626

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 D ☐ Delete
NAME ROSE, GARY C.
STREET ADDRESS 1586 GULF BLVD-2403
CITY-ST-ZIP CLEARWATER-FL 33767
9815 Gingerwood Dr.
Tampa, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 #

4-17-00

813-964-1442

CR2E034 (9/99)