

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90081 002 ****61.25

DOCUMENT # N00000001948

1. Entity Name

ROSS SMALL WORLD INCORPORATED

Principal Place of Business

Mailing Address

5620 47TH ST.
 VERO BEACH FL 32967

5620 47TH ST.
 VERO BEACH FL 32967

40501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0928573

Applied For

Not Applicable

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

HOLT, WILLIAM
1850 40TH AVE., B-302
VERO BEACH FL 32960

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Delete
 NAME **Brenda McKenzie** **D**
 STREET ADDRESS **4285 39th St.**
 CITY-ST-ZIP **VERO Bch, FL 32960**

TITLE **D** ☐ Change ☒ Addition
 NAME **MERCY ROSS**
 STREET ADDRESS **5620 47TH ST**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **Director** ☐ Delete
 NAME **Samuel Rolle** **D**
 STREET ADDRESS **473 Caravan Ter.**
 CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **D** ☐ Change ☒ Addition
 NAME **WILLIAM HOLT**
 STREET ADDRESS **1850 40TH AVE B302**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **Director** ☐ Delete
 NAME **Lorine Jenkins** **D**
 STREET ADDRESS **1405 SW 20th Ave.**
 CITY-ST-ZIP **VERO Bch, FL 32962**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

Mercy Ross

MERCY ROSS, DIRECTOR 561-567-3608 4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)