


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90039 032 ****61.25

DOCUMENT # N93000000422

1. Entity Name
REALTY OPPORTUNITY ALLIANCE
RESTORATION (ROAR) INC



DO NOT WRITE IN THIS SPACE

94023769

2. Principal Place of Business
19455 NW 80th DR

Suite, Apt. #, etc.

3. Mailing Address
691 MONTELAIR AVE

Suite, Apt. #, etc.
ORANGE

DO NOT WRITE IN THIS SPACE

City & State
ORLINDO FL

City & State
ORANGE CITY FL

Zip
32763

Country

4. FEI Number
65-0416021

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CAROLYN E THULLBERY

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

City ORANGE CITY FL Zip Code 32763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CAROLYN E THULLBERY DATE 2/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT BUSSELL, JAN 19840 NW 80TH DR ORLINDO FL 32722</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>1st VICE PRESIDENT VICKERS, AUDREY 1825 WRIGHT LANE LORIDA FL 32857</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>2nd VICE PRESIDENT FRUTH, DEBRA 964 COUNTY RD 721 LOT 174 LORIDA FL 32857</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY CAROLYN E THULLBERY 691 MONTELAIR AVE ORANGE CITY FL 32763</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER MC GREGOR, JEANITA 19455 NW 80th DR ORLINDO FL 32722</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>HISTORIAN GRIFFIN, RUTH 19220 NW 80th DR ORLINDO FL 32722</u>	TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employed.

SIGNATURE: CAROLYN E THULLBERY DATE 2/26/04 388 774-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)