2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000018463

1. Entity Name

RONSE, INC.

Principal Place of Business

Mailing Address

5025 SOUTH ORANGE AVENUE ORLANDO FL 32809-3065

5025 SOUTH ORANGE AVENUE ORLANDO FL 32809-3065

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90077 019 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc.		The state of the s		DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	-	10 2/9/ A7/1 H	olied For Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Addi Fee Required	tional		
	6. Name and Address of Current Ro	egistered Agent		7. Name and Address of New Registered Agent			
KOLTUM, JEFFREY M 557 N. WYMORE RD., SUITE 100 MAITLAND FL 32751			Name				
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City	Zip Code stered agent, or both, in the State of Florida.			
9. This corpo	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 2	TE: Registered Agent signature requirements 11!! FEE IS \$150.00 001 Fee will be \$550.0 able to Department of S	0 10. Election Campaign Financing \$5.00	0 May Be to Fees		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	1 IN 1 4 4		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	PSD MOSS, RONALD G 5025 SOUTH ORANGE AVENUE ORLANDO FL 32809-3065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARTON, STEVEN V 5025 SOUTH ORANGE AVENUE ORLANDO FL 32809-3065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	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 Statutos. 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:

Moss