## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: S

## Apr 30, 2002 8:00 am Secretary of State P00000023846 DOCUMENT # 1. Entity Name 04-30-2002 90057 034 \*\*\*150.00 MIKE ROTUNDA, INC. Mailing Address Principal Place of Business P.O. BOX 10511 10463 CARLIN DR. **BROOKSVILLE FL 34603 BROOKSVILLE FL 34601** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3630054 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTUNDA, MIKE Street Address (P.O. Box Number is Not Acceptable) 10463 CARLIN DR. **BROOKSVILLE FL 34601** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME ROTUNDA, MIKE STREET ADDRESS STREET ADDRESS P.O. BOX 10511 CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34603** ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME rotunda, stephanie STREET ADDRESS STREET ADDRESS P.O. BOX 10511 CITY-ST-ZIP CITY-ST-7IP BROOKSVILLE FL 34603 ☐ Change Addition Delete . . TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

353-544-009C

FILED