


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90516 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000023846			
1. Entity Name MIKE ROTUNDA, INC.			
Principal Place of Business 10463 CARLIN DR. BROOKSVILLE, FL 34601		Mailing Address P.O. BOX 10511 BROOKSVILLE, FL 34603	
2. Principal Place of Business		3. Mailing Address <b>10463 Carlin Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Brooksville, FL 34601</b>	
Zip	Country	Zip	Country
5. Certificate of Status Desired		4. FEI Number <b>59-3630054</b>	
<input type="checkbox"/>		Applied For <input type="checkbox"/> 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	
ROTUNDA, MIKE 10463 CARLIN DR. BROOKSVILLE, FL 34601		Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entry 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTUNDA, MIKE P.O. BOX 10511 BROOKSVILLE, FL 34603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10463 Carlin Drive Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTUNDA, STEPHANIE P.O. BOX 10511 BROOKSVILLE, FL 34603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10463 Carlin Drive Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Stephanie Rotunda</i>		Date: <i>4-16-03</i> Phone #: <i>585-2034</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

11004045



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment - P00000023846-11004045

**JOHNSTON & SASSER, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

29 SO. BROOKSVILLE AVE.  
BROOKSVILLE, FLORIDA  
TELEPHONE: (352) 798-5123

DAVID C. SASSER  
DARRYL W. JOHNSTON

MAILING ADDRESS:  
POST OFFICE BOX 997  
BROOKSVILLE, FLORIDA 34605-0997  
FAX: (352) 799-3187

4026 COMMERCIAL WAY  
SPRING HILL, FLORIDA  
TELEPHONE: (352) 688-7490

April 16, 2003

Division of Corporations  
Department of State  
The Capitol  
P.O. Box 6327  
Tallahassee, FL 32314

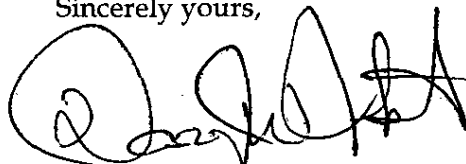
RE: Mike Rotunda, Inc.

Gentlemen:

Enclosed is the signed original of the 2003 For Profit Corporation Uniform Business Report (UBR), along with a check in the sum of \$150.00 for the annual fee. Please file the report as appropriate.

Thank you.

Sincerely yours,



Darryl W. Johnston

DWJ/bsj  
enclosure  
cc: Mike Rotunda, Inc.