

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000023992**

1. Entity Name  
**R.O.S. CORP.**

FILED

01 MAY 22 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1720 TANGLED VINE**      **1720 TANGLED VINE**  
**WESLEY CHAPEL FL 33543**      **WESLEY CHAPEL FL 33543**

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

4. FEI Number  
**59-3666098**      ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOVACS, LASZLO**  
**29127 RIVERGATE RUN**  
**WESLEY CHAPEL FL 33543**

7. Name and Address of New Registered Agent

Name **ZELLER, CHRISTIAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**929 WESTWINDS BLVD.**  
City **TARPON SPRINGS**      **FL**      Zip Code **34689**

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 *CHRISTIAN ZELLER*      *[Signature]*      **4/18/01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001. Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]*      **4/18/01**      **011 420 67 762 28 64**

CR2E034 (11/00)