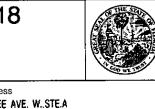
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000038418 DOCUMENT #

1. Entity Name

THE ROMAN GROUP, INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90952 044 \*\*\*150.00

Principal Place 6404 MANATEE BRADENTON F	AVE. W.,STE		6404 I	Mailing Address 6404 MANATEE AVE. WSTE.A BRADENTON FL 34209								
Principal Place of Business     3. Mailing Address									<b>           </b>			
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	<del></del>	. ,	City	City & State			<b>4.</b> F	4. FEI Number 65-0999848		L	plied For t Applicable	
Zip	Country			Zip Cou			5. (	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name		of Current Registere	ed Agent			7. N	Name and Address of New F	tegistered Ag	ent		
-	• .	ر از دهید دهود	The same of the sa	ا ، ا	,	**Name**	ژبتسجیمهاد		m	grown mage,	· -:	
ROMAN, DAVID L						Street Address (P.O. Box Number is Not Acceptable)						
6404 MANATEE AVE. W.,STE.A							<del></del>	<u> </u>				
BRADENTON FL 34209									-			
						City		<del> </del>	FL	Zip Code	е	
signature _ Fi _ After	Signature, typed	ered agent. or printed name of re ! FEE IS \$1 03 Fee will be	gistered agent and title if app	, -			e required when re	einstating)  9. Election Campaign Fit Trust Fund Contribution	DATE	\$5.0	May Be	
	rayable to		CERS AND DIRECTO	, DC	11.	• :		DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR!	S IN 11	
TITLE	D ·	OFFIC	LENS AND DIRECTO	☐ Delete	TITL		7,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME STREET ADDRESS	ROMAN, E 4506 17TH	IST. W.				E ET ADORESS -ST-ZIP		•				
CITY-ST-ZIP		) FL 34221					<del></del>		- 107	☐ Change	Addition	
TITLE NAME	D Roman, D	NEDDA I		☐ Delete	TITLI NAM					Onlingo		
	4506 17Th					ET ADDRESS					:	
CITY-ST-ZIP		) FL 34221			CITY	-ST-ZIP						
TITLE NAME			75.V-V	☐ Delete	TITL NAM	1		,		☐ Change	Addition	
STREET ADDRESS		. 3	- Transmission (III)	· ~~ <sub>24</sub>		ET ADDRESS	. <del></del>	ەدىق سومىسىت رىيزى .نو		THE STREET	Enfetheren	
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CITY-ST-ZIP					_	'-ST-ZIP			<del></del>			
TITLE				☐ Delete	TITL					☐ Change	☐ Addition	
NAME CARCET ADDRESS					NAM STR	ie Eet address	•	•			ļ	
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP						
	ertify that th	e information si	upplied with this filing	g does not qualify f	or the exe	mption stat	ed in Section	119.07(3)(i), Florida Statutes	. I further certi	fy that the i	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: