

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90176 037 ***150.00

DOCUMENT # P00000055144

1. Entity Name
ROSE FARONI, P.A.



Principal Place of Business
**1571 FARMINGTON AVE
WELLINGTON FL 33414**

Mailing Address
**1571 FARMINGTON AVE
WELLINGTON FL 33414**

2. Principal Place of Business

806 Lake Wellington Dr.

Suite, Apt. #, etc.
Wellington, Florida

City & State
33414 USA

Zip Country

3. Mailing Address

806 Lake Wellington Dr.

Suite, Apt. #, etc.
Wellington, Florida

City & State
33414 USA

Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1019962**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARONI, ROSE
1571 FARMINGTON AVE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **Rose Faroni**
Street Address (P.O. Box Number is Not Acceptable)
806 Lake Wellington Drive
City **Wellington** FL **33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **FARONI, ROSE**
STREET ADDRESS **14864 STIRRUP LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose Faroni**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301-793-1480

CR2E034 (10/02)