

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

000831 AV

**DOCUMENT # P00000059977**

1. Entity Name

**329 NORTH ROSCOE, INC.**

03-13-2002 90026 019 \*\*\*150.00

Principal Place of Business

**329 NORTH ROSCOE BOULEVARD  
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**329 NORTH ROSCOE BOULEVARD  
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**4730 11th AVE. S.W.**

Suite, Apt. #, etc.

**P.O. BOX 6684**

City & State

**NAPLES FL**

City & State

**PROV. RI**

4. FEI Number

**050514173**

Applied For

Not Applicable

Zip

**34116**

Country

**USA**

Zip

**02940**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEARDSLEY, DALE A**

**12 EAST BAY STREET**

**JACKSONVILLE FL 32202-3427**

7. Name and Address of New Registered Agent

Name

**H. CHARLES TAPALIAN**

Street Address or Box Number (Not Applicable)

**4730 11th AVE S.W.**

City

**NAPLES FL**

State

**FL**

Zip

**34116**

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

*H. Charles Tapalian*

**H. CHARLES TAPALIAN**

**3/1/02**

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, 2002 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 **D** ☐ Delete  
 NAME **TAPALIAN, H. C**  
 STREET ADDRESS **329 NORTH ROSCOE BOULEVARD**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 another like empowered.

SIGNATURE:

*H. Charles Tapalian*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02**

**9046139881**

Date

Daytime Phone #

CR2ED036(9/01)