

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078796

1. Entity Name
ROSA AUTO SALES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90017 036 ***150.00

Principal Place of Business

10511 SOUTHEAST MARICAMP ROAD
OCALA FL 34472

Mailing Address

10511 SOUTHEAST MARICAMP ROAD
OCALA FL 34472

2. Principal Place of Business

9272 S. Highway 441
Suite, Apt. #, etc.

3. Mailing Address

9272 S. Highway 441
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL 34480

City & State

Ocala FL

4. FEI Number

59-3663694

Applied For

Not Applicable

Zip

34480

Country

Marion

Zip

34480

Country

Marion

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. (See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROSA, ISAAC
1421 SW 27TH AVENUE #2104
OCALA FL 34474 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

ISAAC ROSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)