

FILED

03 FEB 14 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000087867

1. Entity Name
ROSEWOOD HOLDINGS, INC.Principal Place of Business
7891 W SAMPLE ROAD
CORAL SPRINGS, FL 33065Mailing Address
7891 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

AMENDED



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1039328		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Tammy Krichmar* - Tammy Krichmar - Pres 2/11/03
DATE: 2/11/03FILE NOW!!! FEE IS \$160.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSC KRICHMAR, TAMMY 7891 W SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER STEPHEN KRICHMAR 7891 W SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONDELLI, JOSEPH 7891 W SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600012780706 02/19/03--01022--018 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Tammy Krichmar* - Tammy Krichmar - 2/11/03 954-796-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)