

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087954

1. Entity Name

ROOSE ATTORNEY SUPPORT SERVICES, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90028 012 ***150.00

011977

Principal Place of Business

45 BLUE WATER DR.
KEY WEST FL 33040

Mailing Address

45 BLUE WATER DR.
KEY WEST FL 33040

00032639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

45 Blue Water Dr.

3. Mailing Address

45 Blue Water Dr.

Suite, Apt. #, etc.

Key West

Suite, Apt. #, etc.

Key West

City & State

FL

City & State

FL

4. FEI Number

65-1048758

Applied For

Not Applicable

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOSE, TRACY
45 BLUE WATER DR.
KEY WEST FL 33040

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROOSE, TRACY E
45 BLUE WATER DR.
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ROOSE, MATT C
45 BLUE WATER DR.
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy E. Rose

Date

Daytime Phone #

4/2/01 (305) 745-4208

CR2E034 (10/00)