2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90019 008 ***150.00

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DOCUMENT # P00000095301

1. Entity Name
ROSIE SOFTWARE SERVICES, INC.

Principal Place of Business	Mailing Address
~~707 DEL WEBB BOULEVARD WEST~~ ~~SUN CITY CENTER FL 33573~~	~~707 DEL WEBB BOULEVARD WEST~~ ~~SUN CITY CENTER FL 33573~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
912 CHIPAWAY DRIVE		912 CHIPAWAY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOLLO BEACH, FL		City & State: APOLLO BEACH, FL	
Zip: 33572	Country: USA	Zip: 33572	Country: USA

4. FEI Number 59-3681545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BOULEVARD WEST
SUN CITY CENTER FL 33573

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	~~D~~ ☒ Delete	TITLE	D/P ☐ Change ☒ Addition
NAME	~~PYLE, TERRENCE F~~	NAME	JOHN M. BURAGAS III
STREET ADDRESS	~~707 DEL WEBB BOULEVARD WEST~~	STREET ADDRESS	912 CHIPAWAY DRIVE
CITY-ST-ZIP	~~SUN CITY CENTER FL 33573~~	CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	☐ Delete	TITLE	S/T ☐ Change ☒ Addition
NAME		NAME	MARTHA D. BURAGAS
STREET ADDRESS		STREET ADDRESS	912 CHIPAWAY DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: JOHN M BURAGAS III 2/6/2001 813 645-3192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #