

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90061 048 ***150.00

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DOCUMENT # P01000014994

1. Entity Name
ROMAN'S COLLECTION, INC.

Principal Place of Business

Mailing Address

~~4463 25TH COURT SW~~
~~NAPLES FL 34116~~

~~4463 25TH COURT SW~~
~~NAPLES FL 34116~~

2. Principal Place of Business

8811 SPRINGWOOD CT.

3. Mailing Address

8811 SPRINGWOOD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

Zip

Country

34135

LEE

Zip

Country

34135

LEE

4. FEI Number

65-1082042

Applied For

Not Applicable

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

ROMAN, COSTEL & LILIANA M.
4463 25TH COURT SW
NAPLES FL 34116
8811 SPRINGWOOD CT
BONITA SPRINGS
FL 34135

Name **Liliana M. Roman & Costel Roman**

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

8811 SPRINGWOOD CT

City **BONITA SPRINGS FL** **Zip Code** **34135**

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 **LILIANA M. ROMAN** **Liliana M. Roman** **3/6/02**
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. (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** **ROMAN, COSTEL & LILIANA M.** ☐ Delete
NAME
STREET ADDRESS **4463 25TH COURT SW**
CITY-ST-ZIP **NAPLES FL 34116** **8811 SPRINGWOOD CT.**
BONITA SPRINGS, FL 34135

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

TITLE **V. LILIANA M. ROMAN** ☐ Delete
NAME
STREET ADDRESS **8811 SPRINGWOOD CT**
CITY-ST-ZIP **BONITA SPRINGS**
FL 34135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **LILIANA M. ROMAN** **3/6/02** **(941) 949-2485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)