

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93594 044 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P010000 22 933**

1. Entity Name

GARTH A. ROSE & ASSOCIATES, INC.

673457

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4876 NW 9TH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4876 NW 9TH DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION

City & State

PLANTATION

4. FEI Number

65-1081795

Applied For

☒ Not Applicable

Zip

33317

Country

U.S.A.

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARTH A. ROSE

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

4876 NW 9TH DRIVE

City

PLANTATION

FL

Zip Code

33317

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.

GARTH A. ROSE

(NOTE: Registered Agent signature required when reinstating)

5/18/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | P |
| NAME | GARTH A. ROSE |
| STREET ADDRESS | 4876 NW 9TH DRIVE |
| CITY-ST-ZIP | PLANTATION, FL 33317 |
| TITLE | |
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARTH A. ROSE

5/18/02 - 954-749-0995

Date

Daytime Phone #

OR TEL: (954) 533-3308

CR2E034B (12/01)