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2002 Uniform Business Report (UBR)

SIGNATURE:

May 12, 2002 8:00 am Secretary of State **DOCUMENT #** P01000035159 1. Entity Name 04-02-2002 90923 036 ***158.75 ROMA BUILDERS, INC. Principal Place of Business Mailing Address 3325 AIRPORT-PULLING RD. #5 PO BOX 8502 NAPLES FL 34105 NAPLES FL 34101 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Countiy \$8:75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHERTON, ROGER Street Address (P.O. Box Number is Not Acceptable) 3325 AIRPORT-PULLING RD. #5 NAPLES FL 34105 City Zio 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE R TITLE CHENTOS ROGEN CHERTON, ROGER NAME 3325 AIRBAT PULLING Rd. STREET ADDRESS PO:BOX 8502 STREET ADDRESS CITY- \$7-71P NAPLES FL 34101 TITLE ☐ Change Addition WILLIAMS, MATTHEW, D NAME NAME Vice President STREET ADDRESS STREET ADDRESS 14h STREET CITY-ST-712-CITY_ST_7IP_ TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Dalete TITLE ☐ 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 13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowared.