

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90202 018 \*\*\*158.75

DOCUMENT # P01000035159

1. Entity Name  
ROMA BUILDERS, INC.



Principal Place of Business  
3325 AIRPORT-PULLING RD. #5  
NAPLES FL 34105

Mailing Address  
PO BOX 8502  
NAPLES FL 34101

#F-5



2. Principal Place of Business  
3325 Airport-Pulling Rd.

3. Mailing Address  
P.O. Box 8502

Suite, Apt. #, etc.  
# F-5.

Suite, Apt. #, etc.

City & State  
NAPLES, FL.

City & State  
NAPLES, FL

Zip  
34105

Country

Zip  
34101

Country

4. FEI Number 59-3710949

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

CHERTON, ROGER  
3325 AIRPORT-PULLING RD. #5  
NAPLES FL 34105

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ROGER CHERTON.

1/14/02

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHERTON, ROGER	
STREET ADDRESS	3325 AIRPORT PULLING RD.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, MATTHEW D	
STREET ADDRESS	3376 14TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3325 AIRPORT PULLING Rd. F-5	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

ROGER CHERTON

1/14/02 239-643-1028

Date

Daytime Phone #

CR2E034 (10/02)