

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-08-2002 90028 028 ***150.00

DOCUMENT # P01000054450

1. Entity Name

ROLLAND SYSTEM INCORPORATED

Principal Place of Business

P.O. BOX 810631
 BOCA RATON FL 33481
 US

Mailing Address

P.O. BOX 810631
 BOCA RATON FL 33481
 US

91301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 LOCK RD, #1

#1

City & State
DEERFIELD BEACH, FLCity & State
DEERFIELD BEACH, FL

4. FEI Number

65-1110468

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

USA

33442

USA

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

TOKUNBOH, OLADEJO
 2903 NW 60TH AVENUE
 313
 SUNRISE FL 33313

Name
TOKUNBOH OLADEJO

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

400 LOCK ROAD, APT 1

City
DEERFIELD BEACH FLZip Code
33442

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 relistating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	TOKUNBOH, OLADEJO	2903 NW 60TH AVENUE #313	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
V	BABATUNDE, ONI	2903 NW 60TH AVENUE #313	SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
D	DARLENE, KLIMKOWSKI	2903 NW 60TH AVENUE #313	SUNRISE FL 33313	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)