

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90102 004 \*\*\*150.00

**DOCUMENT # P01000062681**

1. Entity Name

**ROSE REPORTING SERVICE, INC.**

Principal Place of Business

**564 NW 208 DRIVE  
 PEMBROKE PINES FL 33029**

Mailing Address

**PO BOX 297564  
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1116504**

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

**ROSE, PATRICIA  
 564 NW 208 DRIVE  
 PEMBROKE PINES FL 33029**

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)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **ROSE, PATRICIA**  
 STREET ADDRESS **564 NW 208 DRIVE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Patricia Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/9/02*

Date

*(954) 443-7576*

Daytime Phone #

CR2E034 (4/02)

Attachment

Rose Reporting Service, Inc.  
P.O. Box 297564  
Pembroke Pines, FL 33029

September 9, 2002

# P01000082681

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Today I am in receipt of a 2002 Uniform Business Report which requires that I pay a fee of \$550 by September 13, 2002. I immediately called the number on the document (850-488-9000) to inquire about this and they advised me to write you this letter.

Having recently opened up my own business (Rose Reporting Service, Inc) for the first time, I was not aware of a fee such as this. Furthermore, to make matters worse the post office in our neighborhood is relatively new and has been doing a horrible job of misplacing our mail as well as our neighbors mail. In fact, today is the first and only notice of any fee I must pay regarding my new business.

Enclosed you will find a check for the amount of \$150. At this time, I respectfully request that any late fees be waived. Also, I am newly advised that I should send a payment of \$150 by every May 1st date.

Thank you for your attention to this matter.

Sincerely,

Patricia J. Rose

Patricia J. Rose  
President