

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91745 042 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P01000081737  
**1. Entity Name**  
 ROSIE BRO FINANCIAL, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 679 Avenida Del Norte  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 0968  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Sarasota, FL 34242      **City & State** Sarasota, FL 34230      **4. FEI Number** 65-1131948      **Applied For** Not Applicable

**Zip** 34242      **Country** US      **Zip** 34230      **Country** US      **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** Charles J. Bartlett, Esquire  
**Street Address (P.O. Box Number is Not Acceptable)** 2033 Main Street  
 Suite 500  
**City** Sarasota      **FL**      **Zip Code** 34237

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature, typed or printed name of registered agent and date if applicable) (If FEI Registered Agent Signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **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**

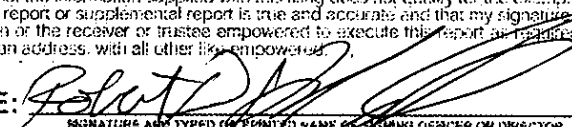
**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D, P, S, T	Robert D. Rosenberg	P.O. Box 0968, Sarasota, FL	34230				

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature will 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:**  **5/15/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR      Date      Daytime Phone #