

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90262 002 ***150.00

0592678 AV

DOCUMENT # P01000092319

1. Entity Name

ROHBASS PRODUCTION COMPANY



Principal Place of Business

**POST OFFICE BOX 120975
CLERMONT FL 34712**

Mailing Address

**POST OFFICE BOX 120975
CLERMONT FL 34712**

2. Principal Place of Business

P.O. Box 616478

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 616478

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32861-6478

Country

Zip

32861-6478

Country

4. FEI Number

59-3748884

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

**REID, ROHAN
1172 GREENLEY AVENUE
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

Name

Reid, Rohan

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

6730 FAIRWAY COVE DRIVE

City

Orlando

FL

Zip Code

32835

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	REID, ROHAN	
STREET ADDRESS	POST OFFICE BOX 120975	
CITY-ST-ZIP	CLERMONT FL 34712	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reid, Rohan	
STREET ADDRESS	6730 FAIRWAY COVE DRIVE	
CITY-ST-ZIP	Orlando FL 32835	
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		
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 PRESERVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

407-253-0337

Daytime Phone #

CR2E034 (10/02)