

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90305 041 ***150.00

DOCUMENT # P01000102210

1. Entity Name
ROOMS ETC., INC.



Principal Place of Business
**110 THIRD STREET SW
WINTER HAVEN FL 33880**

Mailing Address
**110 THIRD STREET SW
WINTER HAVEN FL 33880**



2. Principal Place of Business
2629 Waverly Barn Rd
Suite, Apt. #, etc.
#122

3. Mailing Address
2629 Waverly Barn Rd
Suite, Apt. #, etc.
#122

City & State
Davenport, FL

City & State
Davenport, FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country
33897 US

Zip Country
33897 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOVONI, BRIAN R
505 AVENUE A, NW, SUITE 102
WINTER HAVEN FL 33881-4626**

7. Name and Address of New Registered Agent

Name
Smith, Jeffrey A.
Street Address (P.O. Box Number is Not Acceptable)
2629 Waverly Barn Rd
#122
City **Davenport** **FL** Zip Code **33897**

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** ☐ Delete
NAME **SMITH, JEFFREY A**
STREET ADDRESS **110 THIRD STREET SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2629 Waverly Barn Rd - #122**
CITY-ST-ZIP **Davenport, FL 33897**

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

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

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TITLE ☐ Change ☐ 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 where I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.18.03

863 420 4995

Date Daytime Phone #

CR2E034 (10/02)