


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90733 035 \*\*\*\*\*8.75  
05-05-2003 90183 038 \*\*\*141.25

4/1

DOCUMENT # <b>P02000022324</b>	
1. Entity Name <b>ROARING LION INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7780 WRIGHT AVE</b>	3. Mailing Address <b>7780 WRIGHT AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>SARASOTA FLORIDA</b>	City & State <b>SARASOTA FLORIDA</b>	4. FEI Number <b>03-0396735</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34231</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>PATRICIA GREENE (DUNCAN)</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7780 WRIGHT AVE</b>
City <b>SARASOTA</b>
State <b>FL</b>
Zip Code <b>34231</b>

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 **P. Greene - President** DATE **4/11/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**May 1 - May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PRESIDENT</b>	TITLE <b>PATRICIA GREENE</b>
NAME <b>PATRICIA GREENE</b>	NAME <b>PATRICIA GREENE</b>
STREET ADDRESS <b>7780 WRIGHT AVE</b>	STREET ADDRESS <b>7780 WRIGHT AVE</b>
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	CITY-ST-ZIP <b>SARASOTA FL 34231</b>
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
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CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **P. Greene PATRICIA GREENE (President)** DATE **04/11/03** DAYTIME PHONE # **941 232 8881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)