

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

FILED

03 AUG -5 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000023369

1. Entity Name

D.G. ROSMAN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5751 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

3. Mailing Address
5751 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMARAC, FLORIDA

City & State
TAMARAC, FLORIDA

4. FEI Number 03-0394829

Applied For
Not Applicable

Zip 33321 Country USA

Zip 33321 Country USA

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 DAVID ROSMAN

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

21205 YACHT CLUB DRIVE, APT. 2806

City AVENTURA

FL Zip Code 33180

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.

DAVID ROSMAN, PRESIDENT

07/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D --- DAVID ROSMAN
21205 YACHT CLUB DRIVE, APT. 2806
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100022039241
08/05/03--01004--011 **158.75

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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 an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROSMAN, PRES.

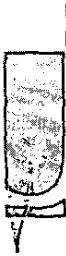
07/30/03

Date

Daytime Phone #

CR2E034B (12/02)

21 815



Joel Friend & Associates, Inc.

CONFIDENTIAL

July 30, 2003

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: D.G. Rosman Enterprises, Inc.
Charter# P02000023369

To Whom It May Concern:

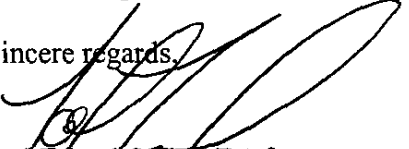
On behalf of the taxpayer, I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. I recently informed the taxpayer that their annual Uniform Business Report for the year of 2003 was not timely filed. My client informed me that they had no recollection of any prior notification regarding such annual filing. Additionally, the taxpayer had no recollection as to the identity of Munroe, W. Bradley ESQ, the previous registered agent.

I stressed the importance of this annual filing and made my client aware of its purpose. Now that the taxpayer is mindful of this required annual filing and now that all information contained upon the Uniform Business Report is complete and accurate, taxpayer will file this annual report on a timely basis.

Enclosed you will find the taxpayer's payment of \$158.75 for the 2003 Annual Report. Under these circumstances, I once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 or 954-682-1120.

Sincere regards,


Joel Friend, MAcc/Professor
Joel Friend & Associates, Inc.

www.joelfriend.com
20871 Johnson Street, Suite 103
Pembroke Pines, Florida 33029
Tel: 954-704-1040 • Fax: 954-919-7001

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