## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P02000052944 **DOCUMENT#**

1. Entity Name

ROLISH INVESTMENTS, INC.



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90836 041 \*\*\*150.00



			GOD WE T	
	ace of Business	Mailing Address		
301 S MILWEE ST		301 S MILWEE ST		. £0006709
LONGWOOD FL 32750		LONGWOOD FL 327	750	
2 Principal	Place of Business			
2. Timolpai		3. Mailing Address		s cantinent vit notice tivati natify notice settin pendi elitta verie ifalit dialit fill
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied F
Zip	Country	Zip	Country	04-366794/ Not Appli
	6. Name and Address of	of Current Registered Agent		5. Certificate of Status Desired See Required Fee Required
	والأرازي والكرميين فأنجيت	or Current negrstered Agent	Name	7. Name and Address of New Registered Agent
COHEN, ROBERT C				,
	LWEE ST OOD FL 32750		Street Addre	ress (P.O. Box Number is Not Acceptable)
20,10110	70D 1 E 32730			
? The above			City	FL Zip Code
the obligation	e named entity submits this sta tions of registered agent.	atement for the purpose of changing	g its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE	Signature, typed or printed name of regi	stered agent and title if applicable. (	NOTE: Registered Agent signature req	activing when reinstating)
· F	ILE NOW!!! FEE IS \$15		- gon og nado jud	equired when reinstating)  DATE
Afte	May 1, 2003 Fee will be 5	\$550.00		9. Election Campaign Financing \$5.00 May 8
	Payable to Florida Depar	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution. Added to Fees
10. TITLE	OFFICE ON ESIDENT	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1
VAME	ALISHA L. COLO.	☐ Delete	TITLE	☐ Change ☐ Add
STREET ADDRESS	625 Chelsen ad		NAME STREET ADDRESS	
CITY-ST-ZIP	LUNGWOOD, FC.	<u>3</u> 2750	CITY-ST-ZIP	
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NAME Street address			NAME	
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TY-ST-ZIP			STREET ADDRESS	
2 I hereby con	rtife that the lief		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CIT TITL NAN STR CITY