

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90254 041 ***150.00

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DOCUMENT # P02000065137

1. Entity Name
ROME INDUSTRIES, INC.



Principal Place of Business
**329 WEST OSCEOLA STREET
CLERMONT FL 34711**

Mailing Address
**329 WEST OSCEOLA STREET
CLERMONT FL 34711**

10094460



2. Principal Place of Business

1902 South St
Suite, Apt. #, etc.
Leesburg, Fl.
City & State

3. Mailing Address

1902 South St.
Suite, Apt. #, etc.
Leesburg, FL 34748
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3683907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34748

Country
USA

Zip
34748

Country
USA

6. Name and Address of Current Registered Agent

VILLANTE, JOHN M
329 WEST OSCEOLA STREET
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
William J. Villante
Street Address (P.O. Box Number is Not Acceptable)
1902 South St.

City
Leesburg **FL** Zip Code
34748

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 of registered agent and type if applicable.

William J. Villante

4/28/03

(NOTE: Registered Agent signature required when reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
VILLANTE, JOHN M
329 WEST OSCEOLA STREET
CLERMONT FL 34711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
VILLANTE, WILLIAM J
329 WEST OSCEOLA STREET
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VILLANTE, JOHN M
5435 COCONUT BOULEVARD
ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **DPT** ☒ Change ☐ Addition

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

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

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

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

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:

William J. Villante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-02 352-314-2971

CR2E034 (10/02)