

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

03-12-2003 90083 032 ***150.00
09-02-2003 90189 047 ***150.00

DOCUMENT # P02000068219

1. Entity Name
ROSE AND BARRETT PAINT CONTRACTOR, INC.



Principal Place of Business
9153 CARBONDALE DRIVE EAST
JACKSONVILLE FL 32208

Mailing Address
9153 CARBONDALE DRIVE EAST
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
41- 2046451

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSLEY, REGINALD F JR
6955 MISS MUFFETT LANE SOUTH
JACKSONVILLE FL 32210

Name

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

City

FL

Zip Code

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 **7-30-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☒ Delete
NAME **Kimberly Wilson**
STREET ADDRESS **9153 Carbondale dr. e.**
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Annie Rose Ansley**
STREET ADDRESS **9153 Carbondale dr. e.**
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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, with all other like empowered.

SIGNATURE: *Annie Rose Ansley* **SIGNATURE REQUIRED** *Annie Rose Ansley - 8-28-03* **7-30-2003** *904-768-9110*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment#

Evelyn Noel - Accountant

80142806
PO2000068219

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.
JACKSONVILLE, FLORIDA 32208
TELEPHONE 768-6486

July 30, 2003

State of Florida
Uniform Business Report Filings
P O Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

re: Rose & Barrett, Paint Contractor

In reference to the above and in reference to the Uniform Business Report, we did not get the first report you mailed out. We are enclosing our check in the amount of \$150 to renew since we did not receive the original.

Thanking you in advance we are.

Sincerely,



Evelyn Noel

cc; file