

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-01-2003 90260 035 ***150.00

DOCUMENT # P02000095355

1. Entity Name
ROSE REAL ESTATE GROUP, INC.



Principal Place of Business
**10 COUNTRY CLUB ROAD
SHALIMAR FL 32579**

Mailing Address
**POST OFFICE BOX 218
SHALIMAR FL 32579**

55047600

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

06-1669867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, JOHN
10 COUNTRY CLUB ROAD
SHALIMAR FL 32579**

Name

Sherry L. Rose

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

10 COUNTRY CLUB ROAD

City

SHALIMAR

FL

Zip Code

32579

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

Sherry L. Rose

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. T.
ROSE, SHERRY
10 COUNTRY CLUB ROAD
SHALIMAR FL 32579** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
ROSE, JOHN
10 COUNTRY CLUB ROAD
SHALIMAR FL 32579** ☒ Delete

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

TITLE
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☐ Delete

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:

SHERY L. ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003
Date

(850) 585-1046
Daytime Phone #

CR2E034 (10/02)