8/18/2003-90161-048-\$150.00-\$150.00

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Daytime Phone

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000106661 DOCUMENT # 03 SEP 22 PM 12: 07 1. Entity Name ROSEMARY HARRIS, INC. JUNETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1108 SE 14TH ST 1106 SE 14TH ST CAPE CORAL FL 33990 CAPE CORAL FL 33990 3. Mailing Address 2. Principal Place of Business 4423 8 4423 d Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Country 7lo \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 0000 HARRIS, ALAN S Street Address (P.O. Box Number is Not Acceptable 1106 SE 14TH ST CAPE CORAL FL 33990 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. of both, in the State of Florida. the obligations of registered agent. ′ပ SIGNATURE (NOTE: Registered Agent signature required when reins spent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5,00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (4/03)☐ Dalete ☐ Change ☐ Addition TITLE TITLE HARRIS, ALAN S NAME NAME CR2E034 1108 SE 14TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change HARRIS, ROSEMARY L NAME NAME STREET ADDRESS 1106 SE 14TH ST STREET ADDRESS CAPE CORAL-FL 33990 CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Crty-St-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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 willyan address, with all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Altachment 90150751 P0200010464

SOOM ACCOUNTING AND TAX SERVICE

12659 NEW BRITTANY BLVD FORT MYERS, FL 33907

> TEL: (239) 277-9382 FAX: (239) 277-0782

"SPECIALIZING IN SMALL BUSINESS NEEDS"

PETER W. SOOM

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CAROL L. DORAN

DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302 August 14, 2003

RE: ROSEMARY HARRIS, INC. P02000106661 52-2375524

PLEASE ACCEPT THIS LETTER ALONG WITH THE ATTACHED
UNIFORM BUSINESS REPORT FOR THE YEAR 2003. WE DID NOT RECEIVE
THE UNIFORM BUSINESS REPORT DUE TO THE RELOCATION OF THE
BUSINESS. THE ADDRESS CHANGE HAS BEEN MADE ON THE FORM. THIS
IS OUR FIRST YEAR IN FILING THIS FORM. WE INCORPORATED IN 2002.
WE ARE ASKING THAT YOU ABATE THE REINSTATEMENT FEE AND ACCEPT
THIS FILING OF THE UNIFORM BUSINESS REPORT FOR 2003 ALONG WITH
THE ENCLOSED CHECK.

WE ARE VERY MUCH HOPING FOR YOUR COOPERATION IN THIS MATTER. IF I CAN BE OF FURTHER ASSISTANCE PLEASE CONTACT ME.

SINCERELY YOURS

PETER W. SOOM