


2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90318 044 ***150.00

DOCUMENT # P03000151590	
1. Entity Name ROMAN'S REFINISHING SERVICE, INC.	

DO NOT WRITE IN THIS SPACE

50037307

2. Principal Place of Business 2800 UNIVERSITY BLVD.S Suite, Apt. #, etc. #442 City & State JACKSONVILLE, FL Zip 32216 Country U.S.A.	3. Mailing Address 2800 UNIVERSITY BLVD.S Suite, Apt. #, etc. #442 City & State JACKSONVILLE, FL Zip 32216 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0497586		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name ROMAN PARSEGYAN Street Address (P.O. Box Number is Not Acceptable) 2800 UNIVERSITY BLVD.S. #442 City JACKSONVILLE, FL Zip Code 32216		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PSTD ROMAN PARSEGYAN 2800 UNIVERSITY BLVD.S. #442 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROMAN PARSEGYAN, PRESIDENT, 4/15/2005, 804-721-5801

Date

Daytime Phone #

CR2E034B (12/02)