

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33187

1. Entity Name

ROSE INFORMATION MANAGEMENT SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90090 044 ***150.00

Principal Place of Business

Mailing Address

9385 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071
US

P.O. BOX 771046
CORAL SPRINGS FL 33077-1046
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 W. Sample Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

Country

USA

4. FEI Number

65-0250238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, JULIE E
9385 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Julie E Lockwood

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

2900 W. Sample Rd

Pompano Beach

City

Pompano Beach

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.

SIGNATURE

Julie E Lockwood

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTDS
NAME LOCKWOOD, JULIE E.
STREET ADDRESS 1900 COLONIAL DRIVE 1868 Monte Carlo Way
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie E Lockwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

954-755-8500

Daytime Phone #

CR2E034 (9/99)