

# 2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33187

1. Entity Name  
ROSE INFORMATION MANAGEMENT SERVICES, INC.

Principal Place of Business  
2900 W SAMPLE ROAD  
POMPANO BEACH FL  
US

Mailing Address  
P.O. BOX 771046  
CORAL SPRINGS FL 33077  
US

2. Principal Place of Business  
1868 Monte Carlo Way  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Coral Springs, FL  
Zip  
33071  
Country  
USA

City & State  
Zip  
Country

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  
2900 W SAMPLE ROAD  
POMPANO BEACH FL

## 7. Name and Address of New Registered Agent

Name Julie E Lockwood  
Street Address (P.O. Box Number is Not Acceptable)  
1868 Monte Carlo Way  
Coral Springs  
City FL Zip Code 33071

8. This 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 Julie E Lockwood, President 9/4/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 1868 MONTE CARLO WAY  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 Julie E Lockwood, President 9/4/01  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State  
09-10-2001 90059 022 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)