2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P9200005614 ROSE TAVERNS, INC. 03-26-2001 90153 034 ***150.00 Principal Place of Business Mailing Address 7111 E THOMAS RD 7111 E THOMAS_BD SCOTTSDALE AZ 85251 SCOTISBALE AZ 85251 001417 2. Principal Place of Business 3. Mailing Address N SCOTTSDALE RD SCOTT SDAKE RD 1334 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State - -- ~ City & State -4. FEI Number Applied For 65-0368096 SCOTTSDALE Scottsoale Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired A2 85257 U SA A285257 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEAL, MARILYN** Street Address (P.O. Box Number is Not Acceptable) 5918 GOLDEN RD SEBRING FL 33872 Zip Code FL 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. VICE PRESIDENT MARILYN NEAL FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. NEAR MARILYNJ TITLE TITLE 1334. N. SCOHSLAG RD NAME NEAL. MARILYN J NAME STREET ADDRESS 7111 E THOMAS PD & 300 mm STREET ADDRESS Scott-sdale AZ85257 CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ をらえらつ NEAL RICHARDE X Change ☐ Delete TITLE TITLE NAME NEAL, RICHARD E AME SCOTTEDALE AZ 85008 STREET ADDRESS 7111 E THOMAS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ からえらつ TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4/2/01 480-941-4915