

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90062 025 \*\*\*150.00

**DOCUMENT # P9200005614** (L) 

1. Entity Name  
**ROSE TAVERNS, INC.**

Principal Place of Business  
1334 N SCOTTSDALE RD  
SCOTTSDALE, AZ 85251 US

Mailing Address  
1334 N SCOTTSDALE RD  
SCOTTSDALE, AZ 85251 US

2. Principal Place of Business  
**1334 N SCOTTSDALE RD**

3. Mailing Address  
**1334 N SCOTTSDALE RD**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**SCOTTSDALE**

City & State  
**SCOTTSDALE**

Zip  
**AZ85257** Country  
**USA**

Zip  
**AZ85257** Country  
**USA**

4. FEI Number  
**65-0368096**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEAL, MARILYN**  
**6918 GOLDEN RD**  
**SEBRING, FL 33872**

7. Name and Address of New Registered Agent

Name

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

City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILED WITH FEES \$150.00**  
**ARJ May 1, 2003 8:45 AM**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEAL, MARILYN J.</b> <b>1334 N SCOTTSDALE RD</b> <b>SCOTTSDALE, AZ 85257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEAL, RICHARD E</b> <b>1334 N SCOTTSDALE RD</b> <b>SCOTTSDALE, AZ 85008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M J Neal **MARILYN J. NEAL** 5/20/03 480-941-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)

Attachment  
90139176

Rose Taverns Inc  
1334 N. SCOTTSDALE RD  
SCOTTSDALE, AZ 85257  
5/20/03

Dear Sir

Re: Rose Taverns Annual Report

Document No: PA2000005614

Further to my conversation this morning with a member of your staff, I would advise you that I did not receive my Annual Report for filing because apparently my zip code was incorrect on your file. That being the case I downloaded the form necessary from your website as requested and I enclose it with my check for \$150.00 as I was informed that it was not my fault that the papers did not reach me. I trust that this is satisfactory.

yours truly

M J Neal  
Vice President  
ROSE TAVERNS INC.