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

## **DOCUMENT#**

P93000062721

1. Entity Name ROSNET, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90303 036 \*\*\*150.00

Principal Place of Business         Mailing Address           6169 JOG RD         6169 JOG RD           C5         C5           LAKE WORTH FL 33467         LAKE WORTH FL 33467           US         US           2. Principal Place of Business         3. Mailing Address	1045
C5	1042
LAKE WORTH FL 33467 US  LAKE WORTH FL 33467 US	/215
<u>us</u> <u>us</u>	MIU
US  2. Principal Place of Business  3. Mailing Address	NA MANT TATOM MAAR HAN HAN HAN
2. Principal Place of Business  3. Mailing Address	
	<b>  </b>
Suite, Apt. #, etc. Suite, Apt. #, etc. · ☐ CHECK HERE IF MAKING C	CHANGES
City & State City & State 4. FEI Number 59-3222425	Applied For
	Not Applicable  8.75 Additional
6 Name and Address of Committee Co.	ee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	ent
O'CONNELL, LESLEY J	
7273 WINDER CT Street Address (P.O. Box Number is Not Acceptable)	·
LAKE WORTH FL 33467	····
City	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 fam the obligations of registered agent.	niliar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	<del></del>
FILE NOW!!! FEEOS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 11
TITLE , DP Delete TITLE	Change Addition
NAME BARBER, RAYMOND J STREET ADDRESS 7351 TILLMAN DR.  NAME STREET ADDRESS STREET ADDRESS	· >
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CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP	
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indicated on this report or 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 Block 11 if the corporation of the receiver or trustee empowered.

SIGNATURE: Y

LESTEY J. O'CONNEW 1/0/03 EUI 9438780