

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001971

1. Entity Name

J. RICK ROSSETTI, INC.

Principal Place of Business

10386 SE BANYAN WAY
TEQUESTA FL 33469

Mailing Address

10386 SE BANYAN WAY
TEQUESTA FL 33469

2. Principal Place of Business

3114 45th St.

3. Mailing Address

3114 45th St.

Suite/Apt. #, etc.

#4

Suite/Apt. #, etc.

#4

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

33407

Country

US

Zip

33407

Country

U.S.

6. Name and Address of Current Registered Agent

ROSSETTI, J R
10386 SE BANYAN WAY
TEQUESTA FL 33469

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.

SIGNATURE

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSETTI, J R 10386 S.E. BANYAN WAY TEQUESTA FL 33469	<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	S ROSSETTI, PATRICIA 10386 S.E. BANYAN WAY TEQUESTA FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90232 005 ***150.00

00051247



DO NOT WRITE IN THIS SPACE

0322180

CR2E034 (10/00)