

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0380603 AV

DOCUMENT # P94000001971

1. Entity Name
J. RICK ROSSETTI, INC.



04-23-2003 90206 024 ***150.00

Principal Place of Business

~~3114 45TH ST~~
~~SUITE 4~~
~~WEST PALM BEACH FL 33407~~

Mailing Address

~~3114 45TH ST~~
~~SUITE 4~~
~~WEST PALM BEACH FL 33407~~

(ADDRESS CHANGE)

2. Principal Place of Business

212 N. U.S. HWY 1
Suite/Apt. #, etc.
15

3. Mailing Address

212 N. US HWY. 1
Suite/Apt. #, etc.
15



☒ CHECK HERE IF MAKING CHANGES

City & State

TEQUESTA FL.

Zip

33469

Country

USA

City & State

TEQUESTA FL.

Zip

33469

Country

USA

4. FEI Number

65-0467606

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSSETTI, J R
18 HEMLOCK LN
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P ROSSETTI, J R**
STREET ADDRESS **P.O. BOX 9723**
CITY-ST-ZIP **TEQUESTA FL 33469**

ADDRESS
CHANGE ONLY

TITLE ☐ Delete
NAME **S ROSSETTI, PATRICIA**
STREET ADDRESS **P.O. BOX 9723**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **18 HEMLOCK LN**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **18 HEMLOCK LN**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE REQUIRED JOHN ROSSETTI

4/19/03

56-743-1270

Date Daytime Phone #

CR2E034 (10/02)