

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90335 047 ***150.00

DOCUMENT # P94000018950

1. Entity Name
ROOM 4, INC.

Principal Place of Business
**P.O. BOX 770098
WINTER GARDEN FL 34777-0098**

Mailing Address
**PO BOX 651
OAKLAND FL 34760-0651
US**

04010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-3245733**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRITT, R NEIL
419 E OAKLAND AVE
OAKLAND FL 34760**

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 _____ (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. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D. BRITT, ROBERT N PO BOX 651 ((N/A)) OAKLAND FL 34760 ☐ Delete
D COTTON, STEPHANN PO BOX 953208 ((N/A)) OAKLAND FL 33498 ☐ Delete
D CLIFTON, GEORGE MARTIN 940 N KEPLER DELAND FL 32725 ☐ Delete
D FETTE, MARK L PO BOX 651 ((N/A)) OAKLAND FL 34760 ☒ Delete
Clifton, Craig 1405 Blackwelder Rd. DeLeon Springs FL 32130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☒ Addition
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R Neil Britt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/01 4076562113
Date Daytime Phone #

CR2E034 (10/00)