

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000050360**

1. Entity Name

ROLO INTERNATIONAL, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90077 026 ***150.00

Principal Place of Business

% LYNN E. OIEN
56-454
BOCA RATON FL 33433
US

Mailing Address

6671 WEST INDIAN TOWN ROAD
56-454
JUPITER FL 33458-3972
US**906325**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0507756**Applied For
Not Applied For

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OIEN, LYNN E
6671 WEST INDIAN TOWN ROAD
SUITE 56-454
JUPITER FL 33458

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	OIEN, LYNN E	6671 W INDIANTOWN RD STE 56-454	BOCA RATON FL 33458						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
	CROCKETT, JUNE	6671 W INDIANTOWN RD STE 56-454	BOCA RATON FL 33458						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additor

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

1/25/00

561-694-225

Daytime Phone #