


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90108 029 ***150.00

| | |
|---|---|
| DOCUMENT # P94000050360 |  |
| 1. Entity Name ROLO INTERNATIONAL, INC. | |

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| Principal Place of Business 1216 SE COLONY WAY JUPITER FL 33478 US | Mailing Address 1216 SE COLONY WAY JUPITER FL 33478 US |
|--|--|

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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|---|
| 4. FEI Number 65-0507756 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| OIEN, LYNN E 6671 WEST INDIAN TOWN ROAD SUITE 56-454 JUPITER FL 33458 |

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|--|
| 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 | <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <small>DATE</small> |
|------------------|--|---|---------------------|

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE D NAME OIEN, LYNN E STREET ADDRESS 6671 W INDIANTOWN RD STE 56-454 CITY-ST-ZIP BOCA RATON FL 33458 | <input type="checkbox"/> Delete | TITLE PRES. NAME OIEN, LYNN E. STREET ADDRESS 1216 SE COLONY WAY CITY-ST-ZIP JUPITER, FL 33478 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME CROCKETT, JUNE STREET ADDRESS 6671 W INDIANTOWN RD STE 56-454 CITY-ST-ZIP BOCA RATON FL 33458 | <input type="checkbox"/> Delete | TITLE V. PRES NAME JANE C. OIEN STREET ADDRESS 1216 SE. COLONY WAY CITY-ST-ZIP JUPITER, FL 33478 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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 | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  | DATE 1/7/03 | DAYTIME PHONE # 561-848-1311 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

CR2E034 (10/02)