

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087203

1. Entity Name

RO-RO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 044 ***150.00

Principal Place of Business

1401 MANATEE AVENUE WEST
 SUITE 920
 BRADENTON FL 34205
 US

Mailing Address

1401 MANATEE AVENUE WEST
 SUITE 920
 BRADENTON FL 34205-6748
 US

2. Principal Place of Business

601 12th St. W.

Suite, Apt. #, etc.

3. Mailing Address

601 12th St. W.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0539646

Applied For

Not Applicable

Zip

34205

Country

USA

Zip

34205

Country

USA

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

QUINLAN, JOHN V
 1401 MANATEE AVENUE WEST
 SUITE 920
 BRADENTON FL 34205

Name

QUINLAN, JOHN V.

Street Address (P.O. Box Number is Not Acceptable)

601 12th Street West

City

Bradenton

FL

Zip Code

34205

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 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	D	<input type="checkbox"/> Delete
NAME	QUINLAN, JOHN V	
STREET ADDRESS	1401 MANATEE AVENUE WEST; SUITE 920	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John V. Quinlan President

4/29/00 941-787-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)