

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90051 008 \*\*\*150.00

**DOCUMENT # P95000018156**

**1. Entity Name**  
**ROLLS MARINE, INC.**

**Principal Place of Business**

**Mailing Address**

~~10351 HWY. 301~~  
~~DADE CITY FL 33525~~

~~10351 HWY. 301~~  
~~DADE CITY FL 33525~~

**2. Principal Place of Business**  
**702 HITCHCOCK ST.**

**3. Mailing Address**  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**PLANT CITY, FL.**

**City & State**

**4. FEI Number**

**65-0571454**

**Applied For**

**Not Applicable**

**Zip** **33566** **Country** **HILLSBORO**

**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**

**GALLAGHER, DANIEL M**  
**10351 HWY. 301**  
**DADE CITY FL 33525**

**Name**  
**GALLAGHER, DANIEL M.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**702 HITCHCOCK ST.**

**City** **PLANT CITY** **FL** **Zip Code** **33566**

**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** **DANIEL M. GALLAGHER**

**4/17/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☐ **Delete**  
**NAME** **GALLAGHER, DANIEL M**  
**STREET ADDRESS** **10351 HWY 301**  
**CITY-ST-ZIP** **DADE CITY FL 33525**

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

**TITLE** ☐ **Delete**  
**NAME** **PRES.**  
**STREET ADDRESS** **GALLAGHER, DANIEL M.**  
**CITY-ST-ZIP** **702 HITCHCOCK ST.**  
**PLANT CITY, FL. 33566**

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

**TITLE** ☐ **Delete**  
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**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** **DANIEL M GALLAGHER** **4/17/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)