

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90181 012 ***150.00

DOCUMENT # P95000030306

1. Entity Name

ROLL-MASTERS, INC.

Principal Place of Business

**3484-B E HARTLEY CT
 HERNANDO FL 34442**

Mailing Address

**3484-B E HARTLEY CT
 HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3313597**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EICHLER, JOHN
 2306 COLBY ST
 INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4380 N AMARILLO DR

City
BEVERLY HILLS

FL Zip Code
34465

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, 2001 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 **PD** ☐ Delete
 NAME **EICHLER, JOHN**
 STREET ADDRESS **2306 COLBY STREET**
 CITY-ST-ZIP **INVERNESS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4380 N AMARILLO DR**
 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **TD** ☐ Delete
 NAME **EICHLER, GINA**
 STREET ADDRESS **2306 COLBY STREET**
 CITY-ST-ZIP **INVERNESS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4380 N AMARILLO DR**
 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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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:

JOHN EICHLER (PRESIDENT)

3/12/01

352-344-9069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)