

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 034 ***150.00

DOCUMENT # P95000047180

1. Entity Name

ROLL-A-BAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6096 Fairway Court

Suite, Apt. #, etc.

3. Mailing Address
6096 Fairway Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
65-0598257

Applied For
Not Applicable

Zip
34110

Country
Collier

Zip
34110

Country
Collier

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Wanda L. Reeves c/o Reeves Accounting

Street Address (P.O. Box Number is Not Acceptable)
501 Goodlette Rd., Suite B204

City
Naples

FL **Zip Code**
34102

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Frank C. Tuttle
6096 Fairway Court
Naples, Florida 34110

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)