## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P95000073774** 1. Entity Name ROSE PEDALS INC. 04-30-2001 90140 036 \*\*\*150.00 Principal Place of Business Mailing Address 3377 BEE RIDGE RD 3377 BEE RIDGE RD LINIT 1C UNIT 1C SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Maiiing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0620402 Not Apolicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZVONIK, ROSA L Street Address (P.O. Box Number is Not Acceptable) 3377 BEE RIDGE RD UNIT 1C SARASOTA FL 34239 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 Signature, typed or printed name of registered agent and title : [ applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be l'ax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ Ø1 TITLE TITLE ☐ Delete Change Addition ZVONIK, ROSA L NAME NAME STREET ADDRESS 3377 BEE RIDGE RD UNIT 1C STREET ADDRESS CiTY-ST-ZiP SARASOTA FL 34239 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition DIGRUTTOLO, PAULA MAME STREET ADDRESS 3623 ALOHA DRIVE STREET ADDRESS CITY-ST-7IP SARASOTA FL 34232 City-St-ZiP TITLE Delate TITLE ☐ Change Addition MILLER, LEE ANN NAME STREET ADDRESS 3818 CAROLINA AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP TITLE Delete TITLE Change Addition ZVONIK, PATRICK MAME NAME STREET ADDRESS 3377 BEE RIDGE ROAD C-1 STREET ADDRESS CITY-SI-ZIP SARASOTA FL 34239 CITY-ST-ZIP CHIEF FINANCIAL OFFICER Delete TITLE Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 seceiver 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.