

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 035 \*\*\*150.00

DOCUMENT # P96000024199

1. Entity Name

ROUSSEAU HOLDINGS, INC.



**DO NOT WRITE IN THIS SPACE**

94036434

2. Principal Place of Business

1617 N FLAGLER DR

Suite, Apt. #, etc.  
APT 10B

3. Mailing Address

1617 N FLAGLER DR

Suite, Apt. #, etc.  
APT 10B

DO NOT WRITE IN THIS SPACE

City & State

W PALM BEACH, FL 33407

City & State

W PALM BEACH, FL

4. FEI Number

65-0672666

Applied For

Not Applicable

Zip

33407

Country

Zip

33407-6506

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BOYKIN, SANDRA J

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

1617 N FLAGLER DR APT 10B

City

WEST PALM BEACH

FL

Zip Code

33407-6506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROUSSEAU, SANDRA J  
1617 N FLAGLER DR APT 10B  
WEST PALM BEACH FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROUSSEAU, MARIA A  
289 SANDPIPER  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 (12/02)