

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90144 013 ***550.00

DOCUMENT # P96000036359

1. Entity Name

THE ROMEIS GROUP, INC.



Principal Place of Business
100 2ND AVE S, SUITE #101
ST. PETERSBURG FL 33701
US

Mailing Address
100 2ND AVE S, SUITE #101
ST. PETERSBURG FL 33701
US



2. Principal Place of Business

5550 Lynn Lake Dr.
Suite, Apt. #, etc.
D

3. Mailing Address

5550 Lynn Lake Dr.
Suite, Apt. #, etc.
D

City & State
St. Petersburg, FL
Zip
33712
Country

City & State
St. Petersburg, FL
Zip
33712
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3389915**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMEIS, RICHARD J MD
100 2ND AVE S, SUITE #101
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5550 Lynn Lake Dr. #D
City **St. Petersburg** FL Zip Code **33712**

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 **Richard J Romeis** **Richard J Romeis, MD** **5/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD ROMEIS, RICHARD J M.D. 100 2ND AVE S, SUITE #101 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINECKE, MARK E MD 100 2ND AVE S, SUITE #101 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMEIS, ERYN E 100 2ND AVE S, SUITE #101 ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5550 Lynn Lake Dr. #D St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Erlyn Romeis** **5/6/03** **727-895-5008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0474609 AV

CR2E034 (10/02)