

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90161 001 \*\*\*150.00  
 07-02-2001 90161 002 \*\*\*\*\*5.00  
 07-31-2001 90232 036 \*\*\*408.75

**DOCUMENT # P96000040765**

1. Entity Name

**ROLFE ENTERPRISES, INC.**

Principal Place of Business

713 PINESIDE LN  
 NAPLES FL 34108  
 US

Mailing Address

713 PINESIDE LN  
 NAPLES FL 34108  
 US

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 **65-0664962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD WIDE CORPORATE SERVICES INC.**  
**1 FINANCIAL PLAZA**  
**#2626**  
**FT. LAUDERDALE FL 33394**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and date 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  
 NAME **PO**  
 STREET ADDRESS **POPE, DOMINICK**  
 CITY-ST-ZIP **195 10TH AVE  
 NEW YORK NY 10011** ☐ Delete

TITLE  
 NAME **SD**  
 STREET ADDRESS **PIOPI, FRANK**  
 CITY-ST-ZIP **381 REVERE ST  
 WINTHROP MA 02152** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME **SECRETARY/DIRECTOR**  
 STREET ADDRESS **JAMES SEASON**  
 CITY-ST-ZIP **2100 RT. 9, COLD SPRING, NY 10516** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOMINICK POPE** 5/1/01

Date

Daytime Phone #

CR2034 (10/00)



*attachment*

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 3, 2001

ROLFE ENTERPRISES, INC.  
713 PINESIDE LN  
NAPLES, FL 34108 US

*pd 7/24/01 MCS  
ck# 2694*

Subject: ROLFE ENTERPRISES, INC.

Reference: **P96000040765**  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$155.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$395.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS  
ANNUAL REPORTS SECTION

*Dear Sir:  
the extra \$5.00 was for  
Campaign finance  
Thank you*