

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000053388**

1. Entity Name

**ROMAN HOLDINGS, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90057 032 \*\*\*150.00

Principal Place of Business  
220 E MADISON ST  
12 FL  
TAMPA FL 33602  
US

Mailing Address  
405 COLUMBIA DR.  
12 FL  
TAMPA FL 33606-3720  
US

**906019**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**220 E. MADISON ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**700**

City &amp; State

City &amp; State

**TAMPA FL**4. FEI Number **59-3390120**Applied For  
Not ApplicableZip  
**33602**

Country

Zip

Country

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

**TINDALL, TODD A**  
**220 E MADISON ST**  
**12 FL**  
**TAMPA FL 33602**

Name  
**TINDALL, TODD A**Street Address (P.O. Box Number is Not Acceptable)  
**220 E. MADISON ST****SUITE 700**City  
**TAMPA****FL**Zip Code  
**33602**

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

  
**TINDALL, TODD A**  
**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**1-19-00**

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, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TINDALL, TODD A**  
**405 COLUMBIA DR.**  
**TAMPA FL 33606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LOTT, ROBERT S**  
**405 COLUMBIA DR.**  
**TAMPA FL 33606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

  
**TINDALL, TODD A**  
**PRESIDENT****PRESIDENT****1-19-00****8132237117**

Date

Daytime Phone #