

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90057 002 ***150.00

CR2E034 (9/01)

DOCUMENT # P96000053388
 1. Entity Name
ROMAN HOLDINGS, INC.

Principal Place of Business 220 E MADISON ST 700 TAMPA FL 33602 US	Mailing Address 220 E MADISON ST 700 TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4001 W. SEVILLA ST Suite, Apt. #, etc.	3. Mailing Address 4001 W. SEVILLA ST Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3390120	Applied For <input type="checkbox"/> Not Applicable
Zip 33629	Country US	Zip 33629	Country US

6. Name and Address of Current Registered Agent
TINDALL, TODD A
220 E MADISON ST
STE 700
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
TINDALL, TODD A.
 Street Address (P.O. Box Number is Not Acceptable)
4001 W. SEVILLA ST
 City
TAMPA FL Zip Code
33629

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: *Todd A. Tindall* DATE: 4/19/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDALL, TODD A 405 COLUMBIA DR. 4001 W. SEVILLA ST TAMPA FL 33606 TAMPA FL 33629. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTT, ROBERT S 405 COLUMBIA DR. 575 34 TH AVE SW TAMPA FL 33606 VERO BEACH FL 32908 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Todd A. Tindall* DATE: 4-19-02 DAYTIME PHONE #: 813 714 6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR