

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000073572**

1. Entity Name

ROSIE'S MARKET AND DELI, INC.**FILED****Feb 21, 2000 8:00 am**
Secretary of State

02-21-2000 90023 017 ***150.00

714834

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

362 PERIWINKLE WAY 362 PERIWINKLE WAY
SANIBEL FL 33957 SANIBEL FL 33957-7436

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 **65-0691176** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SZUMLANSKI, BARRY E.
1487 SANDCASTLE ROAD
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 title 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, 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	ADDRESS	ST-ZIP	TITLE	NAME	STREET ADDRESS
PVS	SZUMLANSKI, BARRY E.	1487 SANDCASTLE ROAD	ST- ZIP	SANIBEL FL 33957	
T	SZUMLANSKI, MICHAEL A	1498 SANDCASTLE ROAD	ST- ZIP	SANIBEL FL 33957	

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

2-1300 **941-472-6656**
Date Daytime Phone #

CR2E034 (9/99)