

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000096564**

1. Entity Name

**ROLLON CORPORATION**

Principal Place of Business

**% THOMAS J. SKOLA, ESQ  
5201 BLUE LAGOON DRIVE., STE 100  
MIAMI FL 33126-2065**

Mailing Address

**% THOMAS J. SKOLA, ESQ  
5201 BLUE LAGOON DRIVE., STE 100  
MIAMI FL 33126-2065**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0713880**

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****SKOLA, THOMAS J  
5201 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI FL 33126-2065**

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 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, 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 **PT** ☐ Delete  
NAME **MAVRIS, NICHOLAS G**  
STREET ADDRESS **5201 BLUE LAGOON DR., STE 100**  
CITY-ST-ZIP **MIAMI FL 33126-2065**

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

TITLE **S** ☐ Delete  
NAME **SKOLA, THOMAS J ESQ**  
STREET ADDRESS **5201 BLUE LAGOON DR., STE 100**  
CITY-ST-ZIP **MIAMI FL 33126-2065**

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  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/01** **(305) 260-1014**  
Date Daytime Phone #

**FILED  
Apr 16, 2001 8:00 am  
Secretary of State**

04-16-2001 90255 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)