

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90124 033 ***150.00

DOCUMENT # P96000096564

1. Entity Name

ROLLON CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

24 CRANDON BWD

Suite, Apt. #, etc.

3. Mailing Address

24 CRANDON BWD

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE

4. FEI Number

65-0713880

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **NICHOLAS MAVRIS**

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

24 CRANDON BWD

City

KEY BISCAYNE

FL

Zip Code

33149

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

4/15/02

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

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (305) 361-7007

Date

Daytime Phone #

CR2E034 (9/01)