

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90716 045 ***150.00

DOCUMENT # P97000005827

1. Entity Name
E. ROSES, INC.

Principal Place of Business

**20 SOUTH U.S. 17-92
 DEBARY FL 32713**

Mailing Address

**20 SOUTH U.S. 17-92
 DEBARY FL 32713**

2. Principal Place of Business

643 N. Dixie Freeway

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

4. FEI Number **59-3423068**

Applied For

Not Applicable

Zip

Country

Zip

Country

32168 Volusia

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

**WALTERS, LAURENCE G ESQ
 228 PARK AVE N
 STE B
 WINTER PARK FL 32789**

Name

Rose, Glenn

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

**643 N. Dixie Freeway
 New Smyrna Beach, FL**

City

FL

Zip Code

32168

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

4/23/01

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 **D** ☐ Delete
 NAME **ROSE, GLEN**
 STREET ADDRESS **1645 DUNLAWTON AVE, #1124**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **D, Pres.** ☒ Change ☐ Addition
 NAME **Rose, Glenn**
 STREET ADDRESS **336 Brook Pelican Dr.**
 CITY-ST-ZIP **Daytona Bch, FL 32119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

407-668-2700

Daytime Phone #

CR2E034 (10/00)