

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009007

1. Entity Name

ROSEMARK INTERNATIONAL, INC.

Principal Place of Business

1702 S.E. VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952

Mailing Address

1702 S.E. VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952-3447

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ZANE, JEFFREY P ESQ
701 NORTHPORT PARKWAY
SUITE 330
W PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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, 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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, JAMES A
STREET ADDRESS 2623 BRONCO YTRAIL
CITY-ST-ZIP DULUTH GA 30136 ☐ Delete

TITLE VD
NAME AMBROGI, RICHARD
STREET ADDRESS 1702 SE VILLAGE GREEN DR
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete

TITLE ST
NAME BROWN, MARGARET R
STREET ADDRESS 2623 BRONCO TRAIL
CITY-ST-ZIP DULUTH GA 30136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90036 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR 01-13-2000