2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700009550 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name ROSAUTO, INC. 09-12-2000 90007 012 ***550.00 Principal Place of Business Mailing Address 1530 CROSS ST. 1530 CROSS ST. SARASOTA FL 34236 SARASOTA FL 34236 AUUIDADJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0840066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FULLER, WILLIAM J III Street Address (P.O. Box Number is Not Acceptable) 1530 CROSS ST. SARASOTA FL 34236 Zip Code FL (the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subthits this state. SIGNATURE Signature, typed of rinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 'Tax filing'requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Change ■ Addition TITLE ☐ Delete ROSE, PAUL NAME NAME 521 BIRDIE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE ROSE, MOIRA NAME NAME STREET ADDRESS **521 BIRDIE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Delete П Спапое ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete TITLE ☐ Addition NAME STREET ADDRESS DDRESS CITY-ST-ZIP pption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an officer or director red by Chaptes 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if filing does not qualify for t 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is to of the corporation or the receiver or trustee empoyed to execute this repor changed, or on an attachment with an address, SIGNATURE: