

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-25-2002 90120 013 ***150.00

DOCUMENT # P97000024586

1. Entity Name

ROSE'S HAULING, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2981 NE 12 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33064

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERT G. ROSE

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

2981 NE 12 TERRACE

City

POMPANO BEACH

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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

ALBERT G. ROSE President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See Criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

ALBERT G. ROSE

STREET ADDRESS

2981 NE 12 TERRACE

CITY-ST-ZIP

POMPANO BEACH, FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ALBERT G. ROSE President

DATE

Aug 7 2002 954-4152160

Daytime Phone

CR2E034B (12/01)