

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025896

1. Entity Name

ROONEY RELOCATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90242 026 ***150.00

Principal Place of Business

9021 63RD AVE. EAST
BRADENTON FL 34202

Mailing Address

9021 63RD AVE. EAST
BRADENTON FL 34202-9649

2. Principal Place of Business

9021 63 Ave E

3. Mailing Address

9021 63 Ave E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0737006

Applied For

Not Applicable

Zip

Country

34202

Manatee

Zip

Country

34202

Manatee

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

ROONEY, APRIL L
9021 63RD AVE. EAST
BRADENTON FL 34202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME ROONEY, MATTHEW S
STREET ADDRESS 9021 63RD AVE. EAST
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete

NAME ROONEY, APRIL L
STREET ADDRESS 9021 63RD AVE. EAST
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-23-00

Date

941-739-0609

Daytime Phone #

CR2E034 (9/99)