2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000039841 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name ROSEMAR ENTERPRISES, INC. 04-22-2000 90006 021 ***150.00 Mailing Address Principal Place of Business P.O. BOX 590065 9191-W-OAKRIDGE RD STE 894 ORLANDO FL 32859-0065 DEFVIDO EF-35800-2. Principal Place of Business 3. Mailing Address ODENT ANDRESON ST. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. OFLANDO ,FL City & State Applied For 4. FEI Number City & State 59-3446378 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 3 2801 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 100 EAST ANDERSON STREET, STE. BII VIRGILIO, FRANK Street Address (P.O. Box Number is Not Acceptable) -3131-W-OAKRIDGE RD-STE-B34 ORLANDO FL 32809 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00_ 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVT Addition ☐ Delete SAME Change 🖳 TITLE VIRGILIO. FRANK M NAME 100 EAST AN DALSON ST, STE. 311 STREET ADDRESS STREET ADDRESS 3131 W OAKRIDGE RD STE B34 ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32809 **₽** Change ☐ Addition ☐ Delete TITLE TITLE IND EAST ANDERSON ST., STE. 311 VIRGILIO, FRANK M NAME STREET ADDRESS STREET ADDRESS 3131 W OAKRIDGE RD STE B34 .CITY-ST-ZIP 0RL4ND01,FL=-32801 CITY-ST-ZIP. ORLANDO-FL 32809 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP