

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90701 001 ****50.00
 05-05-2001 90701 002 ****50.00
 05-05-2001 90701 003 ****50.00

DOCUMENT # P97000039841

1. Entity Name
ROSEMAR ENTERPRISES, INC.

Principal Place of Business
~~9131 W OAKRIDGE RD STE B34~~
~~ORLANDO FL 32809~~

Mailing Address
 P.O. BOX 590065
 ORLANDO FL 32859-0065

42352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. ANDERSON ST.
 Suite, Apt. #, etc.
311

3. Mailing Address
SAME
 Suite, Apt. #, etc.
AS ABOVE

City & State
ORLANDO, FL.

City & State

4. FEI Number **59-3446378**

Applied For
 Not Applicable

Zip **32801** Country **USA**

Zip Country

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

VIRGILIO, FRANK
~~9131 W OAKRIDGE RD STE B34~~
~~ORLANDO FL 32809~~

Name **FRANK M. VIRGILIO**
 Street Address (P.O. Box Number is Not Acceptable)
100 E. ANDERSON ST.,
SUITE # 311
 City **ORLANDO** FL Zip Code **32801**

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 **Frank M. Virgilio**

DATE **3/24/01**

Signature, typed or printed name of registered agent and the incorporator.

(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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	PVT VIRGILIO, FRANK M 9131 W OAKRIDGE RD STE B34 ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD VIRGILIO, FRANK M 9131 W OAKRIDGE RD STE B34 ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	{ SAME 100 E. ANDERSON ST., SUITE 311 ORLANDO, FL. 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	{ SAME 100 E. ANDERSON ST., SUITE 311 ORLANDO, FL. 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Frank M. Virgilio / FRANK M. VIRGILIO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/24/01** Doc# **407-423-8856**
 Date of Filing Doc#

CR2E034 (10/00)