

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90124 043 ***150.00

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DOCUMENT # P97000045730

1. Entity Name
ROSEGLEN CORPORATION



Principal Place of Business
110 WHISPERING OAKS COURT
SARASOTA FL 34232

Mailing Address
110 WHISPERING OAKS COURT
SARASOTA FL 34232



2. Principal Place of Business

4710 Maid Marian Ln.

3. Mailing Address

4710 Maid Marian Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL.

City & State
Sarasota FL.

4. FEI Number **65-0809231**

Applied For
Not Applicable

Zip
34232

Country
Sarasota

Zip
34232

Country
Sarasota

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FULLER, WILLIAM J III
1530 CROSS STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Harold J. Rosenberg

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

4710 MAID MARIAN LN.

City
Sarasota

FL

Zip Code
34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold Rosenberg*

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

(NOTE: Registered Agent signature required when reinstating)

4/3/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROSENBERG, HAROLD J
110 WHISPERING OAKS CT
SARASOTA FL 34232

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 94382625
Date Daytime Phone #

CR2E034 (10/02)