

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061846

1. Entity Name

ROUVERS & ASSOCIATES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90491 049 ***150.00

Principal Place of Business

Mailing Address

2341 WEKIVA RIDGE RD.
APOPKA FL 32712

2341 WEKIVA RIDGE RD.
APOPKA FL 32712-4041

839006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2341 WEKIVA RIDGE RD

2341 WEKIVA RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

62-1700846

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

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

ROSS, WINSTON
2341 WEKIVA RIDGE RD.
APOPKA FL 32712

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	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOREEN	
STREET ADDRESS	1656 N BLACKWELL DR	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	9390 NW 33RD PLACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSS, WINSTON	
STREET ADDRESS	2341 WEKIVA RIDGE RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR: E034 (9/99)