

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90132 050 ***150.00

0044338

DOCUMENT # P97000061846

1. Entity Name
ROUVERS & ASSOCIATES, INC.

Principal Place of Business
2341 WEKIVA RIDGE RD.
APOPKA FL 32712

Mailing Address
2341 WEKIVA RIDGE RD.
APOPKA FL 32712

2. Principal Place of Business
1656 N BLACKWELL DR

Suite, Apt. #, etc.
PT ST LUCIE, FL

3. Mailing Address
1656 N BLACKWELL DR

Suite, Apt. #, etc.

City & State
PT ST LUCIE FL

City & State
PT ST LUCIE FL

Zip
34952

Country
PT ST LUCIE

Zip
34952

Country
PT ST LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1700846**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, WINSTON
2341 WEKIVA RIDGE RD.
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name **DOREEN WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)
1656 N BLACKWELL DR

City **PT ST LUCIE**

FL

Zip Code **34952**

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 **Doreen Williams**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-15-01**

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

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 checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	9390 NW 33RD PLACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	T	<input checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Doreen	
STREET ADDRESS	1656 N. Blackwell Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Michael	
STREET ADDRESS	9390 NW 33rd Place	
CITY-ST-ZIP	Sunrise, FL 33351	
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		
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: **Doreen Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-15-01**

DATE

Daytime Phone #

CR2E034 (10/00)