

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000061846

1. Entity Name

ROUVERS & ASSOCIATES, INC.

FILED

02 NOV 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1656 N BLACKWELL DR

Suite, Apt. #, etc.

3. Mailing Address

1656 N BLACKWELL DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

62-1700846

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOREEN WILLIAMS

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

1656 N BLACKWELL DR

City

PORT 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DOREEN WILLIAMS
1656 N BLACKWELL DR
PORT SAINT LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MICHAEL WILLIAMS
9390 NW 33RD PLACE
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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200008792292
11/04/02--01105--021 **158.75

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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

10-23-02

772-335-7525

Date

Daytime Phone #

ROUVERS & ASSOCIATES, INC.

*1656 N. Blackwell Drive
Port St. Lucie, FL 34952*

October 23, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32314

Re: Rouvers & Associates, Inc.

To Whom It May Concern:

We received a notice of administrative dissolution of our corporation in the mail. We did not receive the previous notices as I was out of town for several months to undergo medical treatment. When I return in October the deadline to file the 2002 Uniform Business Report had already passed.

We respectfully request that you accept the enclosed check in the amount of \$158.75. The additional \$8.75 is for the certificate.

Thank you for your consideration in this matter.

Sincerely,

Doreen Williams

Doreen Williams

President