

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074561

1. Entity Name

ROLLER GEAR, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90090 003 ***160.00

Principal Place of Business

Mailing Address

9647 TRADEPORT DRIVE
ORLANDO FL 32827

9647 TRADEPORT DRIVE
ORLANDO FL 32827-5361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480055

Applied For

Not Applicable

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

ROUSE, ALEXANDER M
9647 TRADEPORT DRIVE
ORLANDO FL 32827

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 ☐ Delete
NAME D
STREET ADDRESS ROUSE, ALEXANDER M
CITY-ST-ZIP 5557 LOMA VISTA LOOP
DAVENPORT FL 33837

TITLE ☐ Change ☒ Addition
NAME J. SCOTT MONTANA
STREET ADDRESS 16760 SCHOENBORN STREET.
CITY-ST-ZIP NORTH HILLS, CALIFORNIA 91343

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS BRACKETT, GREGORY
CITY-ST-ZIP 12501 KENTUCKYWOODS CRT
ORLANDO FL 32877

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS RUDD, ROGER
CITY-ST-ZIP 2826 LYON STREET
SAN FRANCISCO CA 94123

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS ATKINSON, STEVEN L
CITY-ST-ZIP 436 W LANDSTREET RD
ORLANDO FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS CRAWFORD, JAMES P
CITY-ST-ZIP 436 W LANDSTREET RD
ORLANDO FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME J SCOTT MONTANA
STREET ADDRESS 16760 SCHOENBORN STREET
CITY-ST-ZIP NORTH HILLS, CALIFORNIA 91343

TITLE ☐ Change ☐ 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 #

3-22-2000 261 1115

CR2E034 (9/99)