

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074561

1. Entity Name  
ROLLER GEAR, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**  
03-16-2001 90035 002 \*\*\*158.75

0482139

Principal Place of Business  
9647 TRADEPORT DRIVE  
ORLANDO FL 32827

Mailing Address  
9647 TRADEPORT DRIVE  
ORLANDO FL 32827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | ROUSE, ALEXANDER M      |  |
| STREET ADDRESS | 5557 LOMA VISTA LOOP    |  |
| CITY-ST-ZIP    | DAVENPORT FL 33837      |  |
| TITLE          | PCEO                    | <input type="checkbox"/> Delete            |
| NAME           | BRACKETT, GREGORY       |  |
| STREET ADDRESS | 12501 KENTUCKYWOODS CRT |  |
| CITY-ST-ZIP    | ORLANDO FL 32877        |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | RUDD, ROGER             |  |
| STREET ADDRESS | 2826 LYON STREET        |  |
| CITY-ST-ZIP    | SAN FRANCISCO CA 94123  |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ATKINSON, STEVEN L      |  |
| STREET ADDRESS | 436 W LANDSTREET RD     |  |
| CITY-ST-ZIP    | ORLANDO FL 32824        |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CRAWFORD, JAMES P       |  |
| STREET ADDRESS | 436 W LANDSTREET RD     |  |
| CITY-ST-ZIP    | ORLANDO FL 32824        |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | J. SCOTT MONTANA             |  |
| STREET ADDRESS | 10201 STAGG STREET           |  |
| CITY-ST-ZIP    | VAN NUYS, CA 91406           |  |
| TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICHARD RUDD                 |  |
| STREET ADDRESS | 38. BATESMAN AVENUE          |  |
| CITY-ST-ZIP    | NEWPORT, RHODE ISLAND, 02840 |  |
| 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: ALEXANDER ROUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 (407) 251-1115

Date Daytime Phone #

CR2E034 (10/00)