

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000088958****1. Entity Name**  
**ROXBARRY, INC.****Principal Place of Business**  
**1000 PINE HOLLOW PT. RD.**  
**ALTAMONTE SPRINGS FL 32714****Mailing Address**  
**1000 PINE HOLLOW PT. RD.**  
**ALTAMONTE SPRINGS FL 32714****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **59-3472874**

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****LABRET, STEVEN M**  
**226 HILLCREST ST.**  
**ORLANDO FL 32801**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	SCHIEDEL, GERALD	1000 PINE HOLLOW PT. RD. ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DST	SCHIEDEL, ARLYS	1000 PINE HOLLOW PT. RD. ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

**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:** *Arlys Schiedel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*3-13-01 (407)682-2693*  
Date Daytime Phone #**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90020 032 \*\*\*150.00

**00034519**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)