

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089032		
1. Entity Name THE ROSSI'S OF MEADOW WOOD, INC.		
Principal Place of Business 2674 MCNULLEN BOOTH ROAD #1115 CLEARWATER, FL 33761		Mailing Address 2674 MCNULLEN BOOTH ROAD #1115 CLEARWATER, FL 33761
2. Principal Place of Business 3006 Brookfield Ln Suite, Apt. #, etc.		3. Mailing Address 3006 Brookfield Ln Suite, Apt. #, etc.
City & State Clearwater Fl.		City & State Clearwater Fl.
Zip 33761		Country
4. FEI Number 59-3471938		Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSSI, ROBERT J 2674 MCNULLEN BOOTH ROAD #1115 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3006 Brookfield Lane City Clearwater FL Zip Code 33761
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Robert Rossi</i> (NOTE: Registered Agent signature required when dissolving) DATE		
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP SVP ROSSI, ROBERT J 2674 MCNULLEN BOOTH ROAD #1115 CLEARWATER, FL 33761 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3006 Brookfield Lane Clearwater, FL 33761 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Kathy Pierce D 3006 Brookfield Lane Clearwater, FL 33761 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, firm or other like empowered.		
SIGNATURE: <i>Robert Rossi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)