FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90024 039 ***150.00

DOCUMENT # P05000089118

1. Entity Name

ROUNDABOUT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
VERO BEACH FL	2905 CARDINAL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH FL	City & State: VERO BEACH FL
Zip: 32963 Country: USA	Zip: 32963 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0803603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: HAROLD J. COTCORAN

Street Address (P.O. Box Number is Not Acceptable): 1820 SAND DOLLAR WAY

City: VERO BEACH FL Zip Code: 32963

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: Harold J. Corcoran 28 April 05
Signature, type/or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing it — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	EVELYN D COTCORAN
STREET ADDRESS	1820 SAND DOLLAR WAY
CITY-ST-ZIP	VERO BEACH FL. 32963
TITLE	TREA.
NAME	HAROLD J. COTCORAN
STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harold J. Corcoran HAROLD J. COTCORAN 23 May 772 231 3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)