

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90330 014 ***150.00

DOCUMENT # P97000089673

1. Entity Name
FATOLITIS & ROUSH, INC.

Principal Place of Business
1214 E. LIME ST.
TARPON SPRINGS FL 34689

Mailing Address
P. O. BOX 546
TARPON SPRINGS FL 34688

2. Principal Place of Business
806 Bee Pond Rd

3. Mailing Address
687 Alderman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Box #224

City & State
Palm Harbor, FL 34683

City & State
Palm Harbor FL

4. FEI Number **59-3480219**

Applied For
☐ Not Applicable

Zip
34683

Country
Pinellas

Zip
34683

Country
Pinellas

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

ROUSH, JOHN
1214 E. LIME ST.
TARPON SPRINGS FL 34689

Name **Roush, John**
 Street Address (P.O. Box Number is Not Acceptable) **806 Bee Pond Rd**
 City **Palm Harbor** **FL** **34683**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	ROUSH, JOHN	
STREET ADDRESS	1214 E LIME ST	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FATOLITIS, MICHAEL	
STREET ADDRESS	316 BAY ST	
CITY-ST-ZIP	TARPON SPGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSH, JOHN	
STREET ADDRESS	806 Bee Pond Rd	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATOLITIS, MICHAEL	
STREET ADDRESS	621 BOSTON ST	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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: **John Roush** **John Roush** **1-24-01** **727-797-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)