

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90073 004 \*\*\*158.75

0437161 AV

**DOCUMENT # P97000089911**

1. Entity Name

**STUDIO R G @ M, INC.**

Principal Place of Business

**1530 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629**

Mailing Address

**1530 SOUTH DALE MABRY HIGHWAY  
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

**600 SO. MAGNOLIA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 375**

City & State

**TAMPA FLORIDA 33602**

Zip

Country

Zip

Country

**33602**

4. FEI Number

**59-3474128**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RORECH, MAUREEN  
2506 S. MACDILL AVE  
STE A  
TAMPA FL 33629**

Name

Street Address (P.O. Box Number is Not Acceptable)

**600 SO. MAGNOLIA AVE.**

**SUITE 375**

City

**FL**

Zip Code

**33602**

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, 2002 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GANDARILLA, ROBERT**  
CITY-ST-ZIP **1530 S DALE MABRY HWY  
TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RORECH, MAUREEN**  
CITY-ST-ZIP **1530 S DALE MABRY HWY  
TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Maureen D Rorech*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*D.S. D. O.*

Date

Daytime Phone #

CR2E034 (9/01)