

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90205 029 ***150.00

DOCUMENT # P98000036728

1. Entity Name
ROSE KNOWS, INC.

Principal Place of Business
800 NORTH BELCHER ROAD
CLEARWATER FL 33765

Mailing Address
P.O. BOX 8142
CLEARWATER FL 33758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7071 Bright Creek Dr.

3. Mailing Address
P.O. Box 19145

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
59-3508365

Applied For
☐ Not Applicable

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

Zip
34231

Country
USA

Zip
34276

Country
USA

6. Name and Address of Current Registered Agent
ROSE, ROBERT
800 NORTH BELCHER ROAD
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
 Name
(Same) Robert Rose
 Street Address (P.O. Box Number is Not Acceptable)
7071 Bright Creek Dr.
 City
Sarasota **FL** Zip Code
34231

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 **Robert Rose, President** DATE **4/15/02**

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. ☐

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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D ROSE, ROBERT			7071 Bright Creek Dr.		
800 N BELCHER RD			Sarasota, FL 34231		
CLEARWATER FL 33765					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Robert Rose, President** DATE **4/15/02** DAYTIME PHONE # **(941) 924-6111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)