

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 008 ***150.00

DOCUMENT # *P99000012241*

1. Entity Name *Rose Land of Bradenton, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3004 Bay Drive
Suite, Apt. #, etc.

3. Mailing Address
3004 Bay Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL.

City & State
Bradenton, FL.

4. FEI Number
651025411

Applied For
Not Applicable

Zip
34207

Country
US

Zip
34207

Country
US

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

7. Name and Address of Current Registered Agent

Name *DAMIAN OZARK, ESQ.*

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

2808 MANATEE AVE. WEST

City *Bradenton*

FL

Zip Code
34205

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE *D*
NAME *Rosclansky, Timothy*
STREET ADDRESS *3004 Bay Drive*
CITY-ST-ZIP *Bradenton, FL. 34207*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *Rosclansky, Barbara*
STREET ADDRESS *3004 Bay Dr.*
CITY-ST-ZIP *Bradenton, FL. 34207*

TITLE
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IN THIS SPACE**

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

SIGNATURE: *Timothy J. Rosclansky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 *(941) 758-0631*
Date Daytime Phone #

CR2E034B (12/01)