

108

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000030744**
Entity Name
Rosedrew, Inc.

FILED

00 SEP 21 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80105201

Principal Place of Business
**40 No Brevard Ave.
Cocoa Beach, Fl 32931**

Mailing Address
**8570 Commerce St
Suite 113
Cape Canaveral Fl
32920**

Principal Place of Business
8570 Commerce Street

3. Mailing Address
8570 Commerce Street

Suite, Apt. #, etc.
113

DO NOT WRITE IN THIS SPACE

City & State
Cape Canaveral, FL

City & State
Cape Canaveral

Zip
32920

Country
USA

Zip
32920

Country
USA

4. FEI Number
59-3570929

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**Rose Rubino
8496 Ridgewood Avenue #3202
Cape Canaveral, FL 32920**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **Rose Rubino** DATE **9/1/2000**

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, 2000 Fee will be \$350.00
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		<input type="checkbox"/> Delete
TITLE President	NAME Rose Rubino	<input type="checkbox"/> Delete
STREET ADDRESS 8496 Ridgewood Ave #3202	CITY-ST-ZIP Cape Canaveral, FL 32920	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		

CR2E034 (9/99)

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: **Rose Rubino** Date **321-784-9847**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHOWCASES
8570 Commerce Street
Suite 113
Cape Canaveral, FL 32920

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P99000030744

September 1, 2000

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFIED MAIL

RE: Document Number P99000030744

To Whom it May Concern:

Enclosed please find completed 2000 Uniform Business Report for the above-captioned along with our check in the amount of \$158.75 as advised by your office. We never received the original document for filing and are filing it at this time. This check also includes \$8.75 for a Certificate of Status.

Should you have any additional questions, please contact me.

Regards,

Rose Rubino
President