

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90005 029 \*\*\*150.00

DOCUMENT # P99000036052

1. Entity Name

RHONDA A. ROONEY INSURANCE, INC.

R

Principal Place of Business

1236 JAMBALANA DR.
HOLIDAY FL 34691

Mailing Address

1236 JAMBALANA DR.
HOLIDAY FL 34691

2. Principal Place of Business

1236 Jambalana Dr.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Holiday FL

City & State

Same

4. FEI Number

593572354 Tax ID#

Applied For

Not Applicable

Zip

34691

Country

PASLO

Zip

Same

Country

Same

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

ROONEY, RHONDA A
1236 JAMBALANA DR.
HOLIDAY FL 34691

Name Same

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

Rhonda A. Rooney

Rhonda A. Rooney 9-10-00

Signature, typed or printed name of registered agent and (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 \$550.00. After SEPTEMBER 13, 2000 Min. will be \$750.00 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

Table with columns for Title, Name, Street Address, City-ST-ZIP. Row 1: DP ROONEY, RHONDA A, 1236 JAMBALANA DR., HOLIDAY FL 34691.

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:

Rhonda A. Rooney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P99000036052

A0075872

Rhonda A. Rooney Insurance, Inc.  
1236 Jambalana Drive  
Holiday, FL 34691

September 3, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Rhonda A. Rooney, Ins., Inc., Document #P99000036052

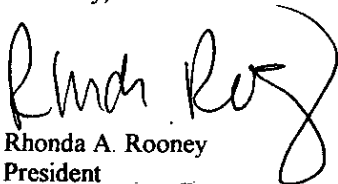
To Whom It May Concern:

Enclosed please find my completed 2000 UBR and a check in the amount of \$150.00. I have only been a corporation for one year. Any time I receive tax or state information I immediately bring it to my accountant to find out what must be done. I recently received this second request of the 2000 UBR and brought it to him and explained that I had never received a first request what should I do. He suggested I send the \$150.00 along with I letter explaining the situation.

Please accept this as payment, as I mentioned above I didn't receive a first request and I have only been a corporation for one year so I didn't know that this even existed.

If you have any questions or need further information, please call at 727-937-7009 or contact me at the address above.

Sincerely,



Rhonda A. Rooney  
President

RAR/  
Enclosure