## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P99000 B. ROUHSELANGE, INC.	0040938	/	Secretary o 01-30-2002 90147 01	of State
Principal Plac	on of Business	Mailing Address		$\dashv$	
Principal Place of Business  56 GENERAL DOOLITTLE ROAD		56 GENERAL DOOLITTLE ROAD			
DAYTONA: BEACH FL 32124		DAYTONA BEACH FL 32124			
				I INGELINGE ING LOVIN COUL NOTING COUR EQUI NGIN CO	## <b>66</b> 41 <b>0</b> 10100 41401 1014 1501
Principal Place of Business     3. Mailing Address					
		<u> </u>			
Suite, Apt. #, etcSuite, Apt. #, etc.				DO NOT WRITE IN THIS SE	PACE PACE
City & State		City & State		4. FEI Number	Applied For
Zip	Country	Zip C	Country	59-3583436	Not Applicable 8.75 Additional
—· <b>r</b> -	,	·			ee Required
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Registered Ag	jent
ROUHSELANGE, JEFFREY B 56 GENERAL DOOLITTLE ROAD			Street Address	s (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32124			07		T 7: O th
			City	FL	Zip Code
Signature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS  After May 1, 2002 Fee will  Make Check Payable to Depart			ee will be \$550.00	10. Election Campaign Financing	\$5:00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUHSELANGE, JEFFREY B 56 GENERAL DOOLITTLE ROAD DAYTONA BEACH FL 32124		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition   3
TITLE	DATTONA DEACH FL 32124	☐ Delete	TITLE	1	☐ Change ☐ Addition C
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	•	
TITLE	·		TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLÉ	1	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	[	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	pertify that the information cumulical with the			Section 119.07(3)(i), Florida Statutes. I further certif	v that the information
indicated of the cor	on this report or supplemental report is tr	rue and accurate and that my signered to execute this report as re	gnature shall have the	estion 119.07(3)(f), Florida Statutes. Fiding Centre e same legal effect as if made under oath; that I am 07, Florida Statutes; and that my name appears in I	an officer or director

SIGNATURE:

386-212-5519 Daytime Phone #