9/11/00-90005-001-\$150.00-\$150.00 PAGR | W/C 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P99000059292 FILED 00 SEP 18 PM 3: 56 ROLIVAR, INC. SECRETARY OF STATE TALLAMAGGUE, FLORIDA Principal Place of Business Mailing Address 5002 S.W. 29TH AVE. 5002 S.W. 29TH AVE. CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 之學2992682 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - -6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAEHLE, STUART L Street Address (P.O. Box Number is Not Acceptable) 5002 S.W. 29TH AVE. CAPE CORAL FL 33914 City Zip Code Fi 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 Fiorida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (2/00) TITLE ☐ Delete TITLE Change ☐ Addition NAME Staehle, Stuart L NAME CR2E034 STREET ADDRESS 5002 S.W. 29TH AVE. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 n ☐ Addition TITLE ☐ Delete TITLE ☐ Change STAEHLE, ALICE NAME 5002 S.W. 29TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 Change ☐ Addition ☐ Deleta TITLE STAEHLE ALEJANDRO NAME NAMÉ STREET ADDRESS 5002 S.W. 29TH AVE. STREET ADORESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Deleta ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-27P CITY-ST-ZIP Change ■ Addition TITLE Delete me NAME NAME

13. I hereby certify that the information supplied with this filling 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 if 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 or bowered of secute 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 an appears in Block 12 if changed.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

9-1-00 941-458-1040

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attachment PAGC 20 1 2 P9 9000059292 20 1 2 P0075900

JWJ Associates, LLC 1510 Hancock Bridge Pkwy #5 Cape Coral, FL 33990 (941) 458-1040 ♦♦♦ Fax (941)573-7600

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FLORIDA DEPT OF STATE UNIFORM BUSINESS REPORT PO BOX 1500 TALLAHASSEE, FL 32302-1500

September 1, 2000

Enclosed is the completed "second notice" UBR for ROLIVAR, INC.

The first report was never received. The Corporation was formed in June of last

year and they were not really aware that this report had to be filed by May 1.

It is interesting to note that I have 3 other clients that did not receive the first report.

Enclosed is a check for \$150. We respectfully request that you waive the penalty in light of the circumstances.

Thank You

Barry Woodrow EAT

S. REGIO

in light of the circumstances.

Enclosed is a check for \$150 . We respectfully request that you walte up that the

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It is interesting to this that a hard a other about that the action of first in