

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
 04-17-2002 90078 018 \*\*\*150.00

<b>DOCUMENT #</b>	<b>P99000059292</b>
<b>1. Entity Name</b>	
<b>ROLIVAR, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>5002 S.W. 29TH AVE.</b>	<b>5002 S.W. 29TH AVE.</b>
<b>CAPE CORAL FL 33914</b>	<b>CAPE CORAL FL 33914</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
<b>65-0992682</b>		<input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>STAEHLE, STUART L</b>		Name	
<b>5002 S.W. 29TH AVE.</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>CAPE CORAL FL 33914</b>		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 STUART L. STAEHLE (NOTE: Registered Agent signature required when reinstating)

DATE 4/7/02

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAEHLE, STUART L</b>	NAME	
STREET ADDRESS	<b>5002 S.W. 29TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAEHLE, ALICE</b>	NAME	
STREET ADDRESS	<b>5002 S.W. 29TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAEHLE, ALEJANDRO</b>	NAME	
STREET ADDRESS	<b>5002 S.W. 29TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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: STUART L. STAEHLE **4/7/02** **941 549**

DATE: 4/7/02 DAYTIME PHONE: 86441

CR2E034 (9/01)