

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000061954

1. Entity Name
ROSE & ROSE INSURANCE ASSOCIATES, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 026 ***150.00

036467 AV

Principal Place of Business
5400 S. UNIVERSITY DR.,BLDG.J #407A
DAVIE FL 33328

Mailing Address
5400 S. UNIVERSITY DR.,BLDG.J #407A
DAVIE FL 33328

10033874



2. Principal Place of Business

3. Mailing Address

4051 SW 72 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DAVIE FL

City & State

DAVIE, FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

33328

Country

BROW

Zip

33314

Country

BAW

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

ROSE, DIANE

5400 S. UNIVERSITY DR.,BLDG.J #407A

DAVIE FL 33328

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSE, DIANE
5400 S. UNIVERSITY DR.,BLDG.J #407A
DAVIE FL 33328

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 954-434-4656
Date Daytime Phone #

CR2E034 (10/02)