## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 22, 2001 8:00 am Secretary of State **DOCUMENT#** 000062493 05-22-2001 90657 001 \*\*\*300.00 PASCO ERAND CORP. Principal Place of Business Mailing Address 4243 231-A DOUGLAS ROAD EAST 231-A DOUGLAS ROAD EAST SUITE 2 SUITE 2 OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied Fo Not Applica-Zip Country Zip 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 Name ROEFARO, GENE R Street Address (P.O. Box Number is Not Acceptable) 231-A DOUGLAS ROAD, SUITE 2 OLDSMAR FL 34677 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May E Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. TITLE ☐ Add Delete TITLE ROEFARO, GENE R NAME NAME STREET ADDRESS 20 WOODGLEN CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDMAR FL ☐ Change ☐ Add Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Add: TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addi DIF ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Add TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 direct 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 1; changed, or on an attachment with an address, with all other like empowered. EHE ROLFARD 4-23-01 813 854-4344