

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90052 021 \*\*\*150.00

**DOCUMENT # P99000065777**

1. Entity Name  
**ROSS ROAD WAREHOUSE, INC.**

Principal Place of Business Mailing Address  
**729 W. GAINES ST. 729 W. GAINES ST.**  
**TALLAHASSEE FL 32304 TALLAHASSEE FL 32304**

2. Principal Place of Business 3. Mailing Address  
**5126A Woodlane Circle 5126A Woodlane Circle**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Tallahassee Florida Tallahassee Florida**  
Zip Country Zip Country  
**32303 USA 32303 USA**

4. FEI Number **59-3588391** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**WATTS, JACQUELINE A**  
**324 W. 8TH AVE. ST.**  
**TALLAHASSEE FL 32303**

## 7. Name and Address of New Registered Agent

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.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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**

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	WATTS, JACQUELINE A	729 W GAINES ST	TALLAHASSEE FL 32304	<input type="checkbox"/>
VP	ROSEN, PETER	P O BOX 15694	TALLAHASSEE FL 32317	<input type="checkbox"/>
S	ROSEN, MICHAEL	P O BOX 15694	TALLAHASSEE FL 32317	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)