

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081058

1. Entity Name

ROSEMARIE-PISANO'S AUTO/RV SALES-INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90097 006 ***150.00

Principal Place of Business

Mailing Address

4330 - HIGHWAY #1
GRANT FL 32949

1810 CYPRESS LAKE DRIVE
GRANT FL 32949-4905

2. Principal Place of Business

4320 U.S. HIGHWAY #1
Suite, Apt. #, etc.

3. Mailing Address

4320 U.S. HIGHWAY #1
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State GRANT FLORIDA	City & State GRANT FLORIDA	4. FEI Number 59-3599739	Applied For <input type="checkbox"/> Not Applicable
Zip 32949	Country United States	Zip 32949	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PISANO, ROSEMARIE
4330 - HIGHWAY #1
GRANT FL 32949

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, 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PISANO, ROSEMARIE		NAME	
STREET ADDRESS 1810 CYPRESS LAKE DRIVE		STREET ADDRESS	
CITY-ST-ZIP GRANT FL 32949		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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00 321-674-0996
Date Daytime Phone #

CR2E034 (9/99)