

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 019 ***150.00

C0049782

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000081058 ✓**

1. Entity Name

ROSEMARIE-PISANO'S Auto/RV Sales-INC.

Principal Place of Business

Mailing Address

**4320 US HWY 1
 GRANT, FL 32949**

2. Principal Place of Business

4320 US HWY 1

Suite, Apt. #, etc.

3. Mailing Address

4320 US HWY 1

Suite, Apt. #, etc.

City & State

GRANT, FL

City & State

GRANT, FL

Zip

Country

32949

Zip

Country

32949

4. FEI Number

59-359 9739

Applied For

Not Applicable

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

**ROSEMARIE PISANO
 4330 US HWY 1
 GRANT, FL 32949**

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 *Rosemarie Pisano*
 Signature, typed or printed name of registered agent and title if applicable.

ROSEMARIE PISANO
 (NOTE: Registered Agent signature required when reinstating)

PRESIDENT
Rosemarie Pisano
 DATE **4-12-01**

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 ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CR2E034 (11/00)

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: *Rosemarie Pisano* **ROSEMARIE PISANO** **PRESIDENT** **4-12-01** **321-952-9376**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #