2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081134 1. Entity Name

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

CATERING BY ROSI, INC.			01-19-2001 90041 050 ***150.00	
Principal Place of Business 1511 MONTANA AVE. JACKSONVILLE FL 32207	TANA AVE. 6110 TUSCONY CIR.		604	751
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 59-3595686	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent
WARNER, ROSEMARIE 6110 TUSCONY CIR. JACKSONVILLE FL 32277-2052		Name Street Addres	ress (P.O. Box Number is Not Acceptable)	
•		City	F	Zip Code
SIGNATURE FIGURE Signature, typed or printed name of registered agent of the statisty its Intangible of the statisty its Int	FILE NOW!!!	egistered Agent signature requirements FEE IS \$150.00 Fee will be \$550.0	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)	Make Check Payable	to Department of S	State Trust Fand Contribution.	☐ Added to Fees
11. OFFICERS AND	DIRECTORS Delete	-12. *** TITLE	ADDITIONS/CHANGES TO OFFICERS A	
NAME WARNER, ROSEMARIE	Li Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS 6110 TUSCONY CIR. CITY-ST-ZIP JACKSONVILLE FL 32277		STREET ADDRESS CITY-ST-ZIP		700
TITLE V NAME WARNER, JONATHAN STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE V NAME WARNER, ROBERT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ter v.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE PL 32217 T HOUSTON, J. SCOTT 2536 TOWN SQUARE DR. JACKSONVILLE FL 32216	☐ Delete		SECRETARY S	Change Addition
TITLE S NAME ARNOULD, GEORGE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207	☐ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	reasurer T	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Dĕlete	TITLE NAME STREET ADDRESS: CITY-ST-ZIP		☐ Change ☐ Addition
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empth changed, or on an attachment with an address. SIGNATURE: REMARKED TYPED OR	s true and accurate and that my cowered to execute this report as with all other like empowered.—	signature shall have the required by Chapter (ne same legal effect as if made under oath; that 607, Florida Statutes; and that my name appear	I am an officer or director