

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086005

1. Entity Name

ROSE'S ULTRASONIC CLEANING ENTERPRISES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90107 009 ***150.00

705992



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5814 KUMQUAT COURT TAMPA FL 33625	Mailing Address 5814 KUMQUAT COURT TAMPA FL 33625-1950
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3603480	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SANDERS, WALTER 13910 NORTH DALE MABRY HWY. SUITE ONE TAMPA FL 33618	7. Name and Address of New Registered Agent Name: <u>Walter Sanders</u> Street Address (P.O. Box Number is Not Acceptable): <u>3355 Bearss Avenue</u> City: <u>Tampa</u> FL <u>33618</u>
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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 Walter Sanders Walter Sanders DATE 1/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D BURK, ROSEMARY 5814 KUMQUAT COURT TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rosemary Burk **REQUIRED** DATE 1/17/00 813-960-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)