

FILED  
Sep 19, 2003 8:00 am  
Secretary of State

9/8/

09-08-2003 90144 019 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000086005

1. Entity Name  
ROSE'S ULTRASONIC CLEANING ENTERPRISES, INC.



Principal Place of Business  
5814 KUMQUAT COURT  
TAMPA FL 33625

Mailing Address  
5814 KUMQUAT COURT  
TAMPA FL 33625

55056843

2. Principal Place of Business

19634 Bellehurst Loop  
Suite, Apt. #, etc.

3. Mailing Address

19634 Bellehurst Loop  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

4. FEI Number

59-3603480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

34639

Country

USA

Zip

34639

Country

USA

6. Name and Address of Current Registered Agent

DAVIES&KERR,LLP  
PO BOX 270632  
TAMPA FL 33688

→

Name

Davies + Kerr

Street Address (P.O. Box Number is Not Acceptable)

3837 N. Dale Blvd Suite 351

City

Tampa

FL

Zip Code

33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURK, ROSEMARIE  
5814 KUMQUAT COURT  
TAMPA FL 33625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03 (813) 963-7673  
Date Daytime Phone #

CR2E034 (4/03)