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

## P99000098772 **DOCUMENT #**

1. Entity Name

ROWSHAN ENTERPRISES, INC.



Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90834 040 \*\*\*150.00

**FILED** 

C/O COMFO	ice of Busines IRT SUITES All N PAINT LANE S FL 33912		C/O ČÓMFOR 13651 INDÍAN	Mailing Address C/O COMFORT SUITES AIRPORT 13651 INDIAN PAINT LANE FORT MYERS FL 33912						
2. Principal Place of Business 3. Mailing Address 12580, ALLEI					DALE CI	RCLE		IBIAC BUCAL UBAH UUNI BUI		
Suite, Apt	t. #, etc.		Suite, Apt. #	Suite, Apt. #, etc. FORT MYERS FL			CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City & State	,			4. FEI Number 65-0	960173		pplied For ot Applicable
Zip		Country	Zip 339	12	Country		5. Certificate of Status	Desired	\$8.75 Ac	Iditional
	6. Name	and Address of	Current Registered Agent			L	7. Name and Address	of New Registered	•	
13651 IN	ES AIRPORT LANE			Street A		O. Box Number is Not A				
FORT MYERS FL 33912					City			/ F	Zip Cod	de
8. The above the obliga SIGNATURE	tions of registi	ered agent.	ement for the purpose of characteristics of characteristics of characteristics of the chara		gistered office o			State of Florida. 1 an	n familiar with	and accept
Áftei	r May 1, 200 k Payable to	FEE IS \$150. 3 Fee will be \$5 Florida Departi	50.00		11.		9. Election Car Trust Fund C		☐ Adde	May Be d to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	%COMFOR	RS FL 33912	indian PNT. LN	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP	ESIDENT		<b>⊠</b> Change	Addition
TITLE NAME Street address City-St-Zip	DEBOIL	ETERY & TI RAH A. ALLENDALI 33917	PATWARY  CR. PORTANYE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATH 12580	TARY & TREI VARY DEBORI D. ALLENDALE MYERS, PL	AH A CR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			P	☐ Change	Addition
TITLE NAME STREET ADDRESS			· · D	elete	TITLE NAME STREET ADDRESS		Anti-		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.

02/18/03

239-768-8467