2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State P99000106492 DOCUMENT # 1. Entity Name 05-06-2002 90081 043 ***150.00 ROSMAR INDUSTRIES, INC. Principal Place of Business Mailing Address 2000 MICHIGAN AVENUE N.E. 2000 MICHIGAN AVENUE N.E. ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etcನಿ Applied For City & State City & State 4. FEI Number 59-3615078 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HULSEY, MARILYN E Street Address (P.O. Box Number is Not Acceptable) 2000 MICHIGAN AVENUE N.E. ST PETERSBURG FL 33703 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME HULSEY, MARILYN E STREET ADDRESS STREET ADDRESS 2000 MICHIGAN AVENUE N.E. CITY-ST-ZIP ST PETERSBURG FL 33703 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME RANALLO, ROSARIO STREET ADDRESS STREET ADDRESS 143 REGINA AVENUE CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M6A -1R8 ☐ Change ☐ Addition . Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED