

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107159

1. Entity Name

ROLLINS PROPERTIES CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 006 ***550.00

Principal Place of Business

4611 9TH ST. E.
 ELLENTON FL 34222

Mailing Address

4611 9TH ST. E.
 ELLENTON FL 34222

2. Principal Place of Business

Ellenton

3. Mailing Address

4611-9TH ST E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ellenton Fla

City & State

Ellenton Fla

Zip

34222

Country

Manatee

Zip

34222

Country

Manatee

4. FEJ Number

65-07-44380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROLLINS, THOMAS G
 4611 9TH ST. E.
 ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

Thomas G. Rollins

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

904 44th Ave E

City

Ellenton

FL

Zip Code

34222

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

Thomas G Rollins President

9-13-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE Pres
 NAME Thomas G. Rollins
 STREET ADDRESS 904-44th Ave E
 CITY-ST-ZIP Ellenton Fla 34222

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE Vice-Pres
 NAME Thomas G. Rollins
 STREET ADDRESS 4611-9TH ST. E.
 CITY-ST-ZIP Ellenton Fla 34222

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Thomas G Rollins

9-13-2000

9417201083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)