

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

DOCUMENT # *S46846*

1. Entity Name

*ROSEWOOD A.C.L.F., INC.*

**FILED**

02 OCT -7 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4231 DESOTO AVE.*

3. Mailing Address

*1202 Pine Island Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Fort Myers, FL*

City & State

*UNIT M  
CAPE CORAL*

4. FEI Number

*65-0248860*

Applied For

☒ Not Applicable

Zip

*33905*

Country

*33905*

Zip

*33909*

Country

*Lee*

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Jim Glenn*

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

*1202 Pine Island Rd.*

*UNIT M*

City

*CAPE CORAL*

FL

Zip Code

*33909*

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

*Jim Glenn*

(NOTE: Registered Agent signature required when reinstating)

DATE

*10-1-02*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DPST  
Jim Glenn  
4231 DESOTO AVE.  
FORT MYERS, FL.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*400008454754--2  
-10/18/02--01085--008  
\*\*\*\*158.75 \*\*\*\*158.75*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Glenn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-1-02*

Date

Daytime Phone #

CR2E034B (12/01)

10/1/02

282

Dept. of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500 (Cert. Mailed)

Gentlemen,

Attached is the Uniform Business Report for Rosewood A.C.L.F., Inc. along with a check for \$150.00 which represents the appropriate fee. Additionally, attached are the resignations for both Ivanose Gentles and Felix Gentles.

Rosewood A.C.L.F., Inc. has been an Active Florida Corporation many years. We did not receive the preprinted UBR. And as such respectfully request you not penalize our company. Mrs. Gentles is seventy-six years of age and is unable to continue operating Rosewood A.C.L.F.

Please call me - at (239) 281-8888 if you have any questions.