2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am **DOCUMENT # \$71492** 1. Entity Name **Secretary of State** ROSENICH & SON, INC. 01-19-2000 90294 002 ***150.00 Principal Place of Business Mailing Address 340 MARQUESAS CT 340 MARQUWSAS CT MARCO ISLAND FL 34145-2712 MARCO ISLAND FL 34145 Antaga 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0293015 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOBCAK, PETER Street Address (P.O. Box Number is Not Acceptable) 340 MARQUESAS CT MARCO ISLAND FL 34145 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition **PVTD** TITLE ☐ Delete TITLE DOBCAK, PETER NAME 340 MARQUESAS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MARCO ISLAND FL ☐ Change Addition ☐ Delete TITLE TITLE DOBCAK, SILVIA NAME NAME STREET ADDRESS STREET ADORESS 340 MARQUESAS CT CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

bwered.

SIGNATURE: