

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90124 029 ***150.00

DOCUMENT # V03255

1. Entity Name
ROSSITER, P.A.

Principal Place of Business
5527 US HWY. 98 NORTH
LAKELAND FL 33809

Mailing Address
5527 US HWY. 98 NORTH
LAKELAND FL 33809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5516 US 98 N
 Suite, Apt. #, etc.

3. Mailing Address
5516 US 98, N
 Suite, Apt. #, etc.

City & State
LED, FL
 Zip
33809

City & State
LED, FL
 Zip
33809

4. FEI Number
65-3098985

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ROSSITER, EARLE W., D.C.	
STREET ADDRESS	5516 U.S. HIGHWAY 98, NORTH	
CITY-ST-ZIP	LAKELAND FL	
TITLE	Form not received	<input type="checkbox"/> Delete
NAME	Need to call request	
STREET ADDRESS	Form (7) with	
CITY-ST-ZIP	new address.	<input type="checkbox"/> Delete
TITLE	Thank you	
NAME	Earle W. Rossiter	<input type="checkbox"/> Delete
STREET ADDRESS	Sutton - failed to pay	
CITY-ST-ZIP	150100 8/15/02	<input type="checkbox"/> Delete
TITLE	Thank you	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02
 Date

Daytime Phone #

CR2E034 (4/02)