


2003-2004

A-1-3

**FOR PROFIT CORPORATION
ANNUAL REPORT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 14 AM 11:36

DOCUMENT # V03255 1. Entity Name ROSSITER, P.A.	
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Principal Place of Business 5516 U 98 N LAKELAND, FL 33809	Mailing Address 5516 U 98 N LAKELAND, FL 33809
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REINSTATEMENT 03-04

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3098985	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GASSMAN, ALAN S. 1212 COURT ST. SUITE B CLEARWATER, FL 34616
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSITER, EARLE W., D.C. 5516 U.S. HIGHWAY 98, NORTH LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:*See Attached for signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0032551. Entity Name Rossiter Chiropractic P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rossiter Chiropractic
State, Apt. #, etc.
5516 U.S. 98 N.
City & State
Lakeland, FL
Zip
33809 Country
Pol/C

3. Mailing Address
5516 U.S. 98 N.
State, Apt. #, etc.
City & State
Lakeland FL
Zip
33809 Country
Pol/C

DO NOT WRITE IN THIS SPACE

4. FEI Number
593098985

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. box Number is not acceptable)

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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 [Signature]

(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 instructions on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
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	TITLE	NAME
OWNER	<u>Grace Rossiter</u>		
STREET ADDRESS	<u>OWNER</u>	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I declare, certify and the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Signature: [Signature]

CR2E034B (12/01)

ATT Andy —

4/4/04

Enclosed Are cypys of
my UBR - for 4/12/02

4/12/03 Reinstated until 2/9/04

I have been a coorporation
four years. Why you did
not received 03 I do
not know I never got
the check - returned

Please when you have
my check for \$300, which
I was told to send for
last year and this year
Thank you
Manda