

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12565

Entity Name

ROLLAR-GUNN CORP.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90031 031 ***150.00

Principal Place of Business

Mailing Address

16100 49TH STREET NORTH
CLEARWATER FL 34622

P.O. BOX 17297
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

100 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER FL

1

Zip

Country

Zip

Country

33764

4. FEI Number 59-3107756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLAR, GEORGE
16100 49TH ST NO
SUITE 303
CLEARWATER FL 33762

Name

ROLLAR GEORGE

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

100 PARK AVE

City

CLEARWATER

FL

Zip Code

33764

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ROLLAR, GEORGE
1540 GULF BLVD
BELLEAIR BEACH FL 33786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ROLLAR GEORGE
100 PARK AVE
CLEARWATER FL 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROLLAR, GEORGE
1540 GULF BLVD
BELLEAIR BEACH FL 33786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROLLAR GEORGE
100 PARK AVE
CLEARWATER FL 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-01

CR2E034 (10/00)