

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90088 016 ***158.75

DOCUMENT # V13297

1. Entity Name

ROSIER, JONES ASSOCIATES, INC.

Principal Place of Business

146 2ND ST NORTH
STE 301
ST. PETERSBURG FL 33701
US

Mailing Address

146 2ND ST. NORTH
STE 301
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3104611

Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSIER, WAYNE
345 BAYSHORE BLVD #1410
TAMPA FL 33606

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.

SIGNATURE

Signature, typed or printed name of registered agent and file # applicable.

(NOTE: Registered Agent Signature required when re-registering)

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 State10. 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-STATE-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ROSIER, WAYNE	345 Bayshore Blvd. #1410 TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JONES, ELTON E	1446 ADMIRAL WOODSON LANE CLEARWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

05-31-01 727-894-8396

CR2E034 (10/00)