

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90021 021 ***150.00

DOCUMENT # V30822

1. Entity Name
JAMES H. ROUHSELANGE, INC.

Principal Place of Business

**91 GLASS COURT
 PORT ORANGE FL 32119
 US**

Mailing Address

**91 GLASS COURT
 PORT ORANGE FL 32119
 US**

2. Principal Place of Business

Suite, Apt. #, etc.
160 Brookside Drive
 City & State
DAYTONA BEACH FL
 Zip
32128
 Country
US

3. Mailing Address

Suite, Apt. #, etc.
160 Brookside Drive
 City & State
DAYTONA BEACH FL
 Zip
32128
 Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3121024**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROUHSELANGE, JAMES H
 91 GLASS CT
 91 GLASS CT
 PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent

Name
ROUHSELANGE JAMES H
 Street Address (P.O. Box Number is Not Acceptable)
160 Brookside Drive
 City
DAYTONA BEACH FL Zip Code
32128

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUHSELANGE, JAMES H. 91 GLASS COURT PORT ORANGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 Brookside Drive DAYTONA BEACH FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Just Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES H. ROUHSELANGE, INC.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002 (386) 756-0350
 Date Daytime Phone #

CR2E034 (9/01)