

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90660 001 ***300.00

DOCUMENT # **V 33785**

1. Entity Name

E. F. R. ONE CORP.

Principal Place of Business

231-A DOUGLAS ROAD EAST
 SUITE 2
 OLDSMAR FL 34677

Mailing Address

231-A DOUGLAS ROAD EAST
 SUITE 2
 OLDSMAR FL 34677

4258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 312-4706

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ROEFARO, GENE R
231-A DOUGLAS ROAD, SUITE 2
OLDSMAR FL 34677

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 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 B
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
	ROEFARO, GENE R	20 WOODGLEN CT.	OLDSMAR FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

GENE ROEFARO

4-24-01 813 854-4344