2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38108

1. Entity Name ROSSWARDS INC.

SIGNATURE





FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90059 005 ***150.00

3520 PADE FT. LAUDE US	Place of Business DOCK RD RDALE FL 3326 RI Place of Business	Mailing Address 3520 PADDOCK RD FT. LAUDERDALE FL 3 US	13326		HAN AND BURN BURN BURN BURN BURN
Suite, Apt. #, etc.		G. Mailing Address		i indiri dirinda siring lakat isali dalah indiri dirak	
Solie, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4 FELNumber	
Zip	Country	Zip	Country	65-0332826	Not Applicable
	6. Name and Address of Current	Registered Agent		<u>_ </u>	\$8.75 Additional Fee Required
POY EDWAR	LS, BROOKE	Togisterou Agent	Name	7. Name and Address of New Registered A	lgent
	DDOCK RD		Street Addres	ss (P.O. Box Number is Not Acceptable)	
FT LAUD	DERDALE FL 33326				
			City		Zip Code
The above the obline	e named entity submits this statement for	or the purpose of changing it	s registered office or regis	FL stered agent, or both, in the State of Florida. I am fa	Zip code
SIGNATURE	Signature, typed or printed name of registered agent		TE: Registered Agent signature requi		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	ľ		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ROSS, BROOKE EDWARDS 3520 PADDOCK RD FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	. [☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP TLE		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. [Change
REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
LE ME LEET ADDRESS Y-ST-ZIP	** *** *** *** *** *** *** *** *** ***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
I hereby cer indicated or of the corpo changed, or	rtify that the information supplied with thin In this report or supplemental report is tru pration or the receiver or trustee empower on an attachment with an address, with	is filing does not qualify for it ie and accurate and that my ered on execute this report as all other like empowered.	ne exemption stated in Sec signature shall have the s required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify t name legal effect as if made under oath; that I am a Florida Statutes; and that my name appears in Blo	hat the information n officer or director ick 10 or Block 11 if