

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90031 047 ***150.00

DOCUMENT # V41136

1. Entity Name
ROXMORE CORPORATION

Principal Place of Business

770 SAND PINE DR. N.E.
ST. PETERSBURG FL 33703
US

Mailing Address

770 SAND PINE DR. N.E.
ST. PETERSBURG FL 33703
US

2. Principal Place of Business

26224 U.S. 19 N.
 Suite, Apt. #, etc.

3. Mailing Address

9300 5th Street N.
 Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

St. Petersburg, FL

Zip

Country

Pinellas

Zip

33702

Country

Pinellas

4. FEI Number

59-3125976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLEIM, HOLGER D.
150 SECOND AVE. NO.
17TH FLOOR
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Marc Greenstone

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

9300 5th Street North

City

St. Petersburg

FL

Zip Code

33702

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.

Marc Greenstone, President

1-18-02

(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	D	<input type="checkbox"/> Delete
NAME	GREENSTONE, MARC	
STREET ADDRESS	770 SAND PINE DR. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** **Marc Greenstone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

1-18-02
Date

727-217-0510
Daytime Phone #

CR2E034 (9/01)