## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V48267 **DOCUMENT #** 1. Entity Name ROMANSON, INC

**FILED** Feb 17, 2003 8:00 am Secretary of State
02-17-2003 90267 007 \*\*\*150.00

Supersor F. 20154 US  1. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fionds. I am familiar with, and accept the obligations of registered agent.  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fionds. I am familiar with, and accept the obligations of registered agent.  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fionds. I am familiar with, and accept the obligations of registered agent.  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fionds. I am familiar with, and accept the obligations of registered agent.  City FL Zip Code  B. The Address City Flow State  City FL Zip Code  City FL			•		
Sulta, Apt. #, etc.  Sulta, Ap	Principal Place of Business 9453 HARDING AVENUE SURFSIDE FL 33154 US		9453 HARDING AVENUE SURFSIDE FL 33154	•	
City & State  City & State  City & State  Country  Countr	2. Principal Place of Business		3. Mailing Address		
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Street Address (P.O. Box Number's Not Acceptable)	City & State	3	City & State		THE THREE PERSONNEL PROPERTY OF THE PERSONNE
GOMBERG, ROMAN 9483 HARDING AVENUE SURFSIDE FL 33154  City FL 7/p Code  City FL 7/p	Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
Surest Address (P.O. Box Number's Not Acceptable)		6 Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.    SIGNATUR    Suprants there are named inglatered agent and the 1 application   (NOTE: Registered Agent agents or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent. In the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both. In the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the State of Florida agent accept the collegation of the Sta				Street Address	s (P.O. Box Number is Not Acceptable)
B. 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. I am familiar with, and accept the obligations of registered agent.    File NOWIII FEE IS \$150.00		}			
The obligations of registered agent.  SIGNATURE    Signature lignature inequired when rematating)   DATE			· <u>-</u>	City	FL Zip Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  III.  PGOMBERG, ROMAN SIREET ADDRESS OITY-ST-2P  III.  SOMBERG, FIRA SIREET ADDRESS OITY-ST-2P  III.  Delete  III.  SOMBERG, FIRA SIREET ADDRESS OITY-ST-2P  III.  Delete  III.  Delete  III.  Delete  III.  Delete  III.  NAME SIREET ADDRESS OITY-ST-2P  III.  Delete  III.  NAME SIREET ADDRESS OITY-ST-2P  III.  NAME SIREET ADDRESS OITY-ST-2P  III.  NAME SIREET ADDRESS OITY-ST-2P  III.  Delete  III.  NAME SIREET ADDRESS OITY-ST-2P  III.  NAME SIREET ADDRESS OITY-	the obligati	ions of registered agent.,	1		
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		certify that the information supplied	with this filing does not qualify		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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: