

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001397

1. Entity Name

ROLYN CONSTRUCTION CORPORATION

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90004 026 \*\*\*150.00

Principal Place of Business 11609 NEBEL ST ROCKVILLE MD 20852	Mailing Address 11609 NEBEL ST ROCKVILLE MD 20852-1828
---	--

2. Principal Place of Business 12312 WILKINS AVE Suite, Apt. #, etc.	3. Mailing Address 12312 WILKINS AVE Suite, Apt. #, etc.
--	--



DO NOT WRITE IN THIS SPACE

City & State ROCKVILLE MD	City & State ROCKVILLE MD
------------------------------	------------------------------

4. FEI Number 52-1247718	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 20852-1828	Country USA	Zip 20852-1828	Country USA
-------------------	----------------	-------------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

BERGMAN, GERTRUDE  
 3000 NW 42ND AVE #B203  
 COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2000 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 P <input type="checkbox"/> Delete	NAME BERGMAN, RONALD STREET ADDRESS 11609 NEBEL ST CITY-ST-ZIP ROCKVILLE MD
TITLE V <input type="checkbox"/> Delete	NAME BERGMAN, SAMUEL J STREET ADDRESS 11609 NEBEL ST CITY-ST-ZIP ROCKVILLE MD
TITLE S <input type="checkbox"/> Delete	NAME BERGMAN, LYNNE S STREET ADDRESS 11609 NEBEL ST CITY-ST-ZIP ROCKVILLE MD
TITLE T <input type="checkbox"/> Delete	NAME BERGMAN, AMANDA G STREET ADDRESS 11609 NEBEL ST CITY-ST-ZIP ROCKVILLE MD
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12312 WILKINS AVE STREET ADDRESS CITY-ST-ZIP 20852-1828
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12312 WILKINS AVE STREET ADDRESS CITY-ST-ZIP 20852-1828
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 12312 WILKINS AVE STREET ADDRESS CITY-ST-ZIP 20852-1828
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 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: AMANDA G. BERGMAN AMANDA G. BERGMAN, TREAS 1-26-00 301-468-1553  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)