## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # 292922 1. Entity Name ROCKLEDGE GARDENS, INC. 01-20-2000 90177 003 \*\*\*150.00 Mailing Address Principal Place of Business 2153 SOUTH UNITED STATE HIGHWAY NO 1 2153 SOUTH UNITED STATE HIGHWAY NO 1 **ROCKLEDGE FLA 32955** ROCKLEDGE FL 32955 ~~~~~~~~ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1096580 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_ \_ 6. Name and Address of Current Registered Agent RILEY, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 1393 MARTIN RD ROCKLEDGE FL 32955 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete WITLE, MARY B NAME NAME STREET ADDRESS 17 FERNWOOD DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Addition Change Delete TITLE TITLE RILEY, KEVIN NAME NAME 1393 MARTIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete RILEY, THERESA W NAME. 1393 MARTIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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.