

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90092 024 ***158.75

DOCUMENT # P01000102078

1. Entity Name

RED ROCK INDUSTRIES, INC.

Principal Place of Business

Mailing Address

~~200 W CANTON AVE~~

~~200 W CANTON AVE~~

~~SUITE 240~~

~~SUITE 240~~

~~WINTER PARK FL 32789~~

~~WINTER PARK FL 32789~~

2. Principal Place of Business

3. Mailing Address

3500 Danby Court

3500 Danby Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

Country

32812-6034

Orange

Zip

Country

32812-6034

Orange

4. FEI Number

26-00-38324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Arthur J. Foucault

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

3500 Danby Court

City

Orlando

FL

Zip Code

32812-6034

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

Registered Agent

Arthur J. Foucault

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME ~~SNYDERBURN, PHILIP J~~
STREET ADDRESS ~~200 W CANTON AVE SUITE 240~~
CITY-ST-ZIP ~~WINTER PARK FL 32789~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Delete
NAME **Sud, Dorothy**
STREET ADDRESS **5465 Braesvalley Drive, #593**
CITY-ST-ZIP **Houston, TX 77096**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/S/T** ☐ Delete
NAME **Sud, Pravas**
STREET ADDRESS **5465 Braesvalley Drive, #593**
CITY-ST-ZIP **Houston, TX 77096**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Dorothy Sud

3-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)