

# 2000 UNIFORM BUSINESS REPORT (UBR)

0407398

**DOCUMENT # P94000077788**

**FILED**

1. Entity Name  
**INROCK CORPORATE, INC.**

**00 MAR 20 PM 4:34**

Principal Place of Business Mailing Address  
1733 W FLETCHER AVE 1733 W FLETCHER AVE  
TAMPA FL 33612 TAMPA FL 33612-1820  
US US

*[Signature]*  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State  
3. Mailing Address Suite, Apt. #, etc. City & State

4. FEI Number **59-3275130** 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**

**WALTERS, CLIFFORD L  
802 11TH ST. WEST  
BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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** **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |
|----------------------------|---|---|------|
| TITLE                      | NAME  | TITLE   | NAME |
| P                          | LEVIN, RICHARD<br>1733 WEST FLETCHER AVENUE<br>TAMPA FL 33612           |   |      |
| VDS                        | LEVIN, STEVEN<br>21301 POWERLINE ROAD SUITE #312<br>BOCA RATON FL 33433 |   |      |
| VSD                        | RICE, SUZANNE L<br>1733 W FLETCHER AVE<br>TAMPA FL 33612                |   |      |
| T                          | LEVIN, JILL<br>P.O. BOX 11229 N/A<br>KNOXVILLE TN 37939                 |   |      |
|                            |   |   |      |
|                            |   |   |      |

**600003204306-3**  
**-04/11/00--01116--016**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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]* **3/13/00** **813-960-8154**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)