

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 012 ***558.75

DOCUMENT # P97000036456

1. Entity Name
BOB ROCKWELL CONSTRUCTION, INC.

Principal Place of Business

250 KIRBY THOMPSON RD
 ALVA FL 33920

Mailing Address

250 KIRBY THOMPSON RD
 ALVA FL 33920

2. Principal Place of Business

671 ASTARIAS CIRCLE

3. Mailing Address

671 ASTARIAS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

4. FEI Number **65-0749788**

Applied For

Not Applicable

Zip

Country

33919 LEE

Zip

Country

33919 LEE

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

ROCKWELL, ROBERT G
250 KIRBY THOMPSON RD
ALVA FL 33920

Name

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

671 ASTARIAS CIRCLE

City

FT. MYERS

FL

Zip Code

33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **ROCKWELL, ROBERT G**
 STREET ADDRESS **250 KIRBY THOMPSON RD**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE **P** ☒ Change ☐ Addition
 NAME **ROCKWELL, ROBERT G**
 STREET ADDRESS **671 ASTARIAS CIRCLE**
 CITY-ST-ZIP **FT. MYERS, FL. 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. ROCKWELL **8-28-02** **239-466-8980**

Date

Daytime Phone #

CR2E034 (4/02)