

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062049

1. Entity Name  
**ROCK-A-BILLY II, INC.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90092 038 \*\*\*150.00

Principal Place of Business 4968 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	Mailing Address 4968 N. UNIVERSITY DRIVE LAUDERHILL FL 33351-5748
--	---



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0936440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**GIRNUN, MORRIS**  
**4968 N. UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent  
Name: **DAVID POOLE**  
Street Address (P.O. Box Number is Not Acceptable): **4968 N University Dr**  
City: **Lauderhill** FL Zip Code: **33351**

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: *David Poole* DATE: 3/11/00  
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	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>PS</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>POOLE, DAVID E</b>		NAME:	
STREET ADDRESS: <b>4968 N. UNIVERSITY DRIVE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>LAUDERHILL FL 33351</b>		CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>VPT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>SWENSON, JAYMEE</b>		NAME:	
STREET ADDRESS: <b>4968 N. UNIVERSITY DRIVE</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>LAUDERHILL FL 33351</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *David Poole* DATE: 3/11/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)