

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90155 036 ***150.00

0025102 AV

DOCUMENT # 251545
1. Entity Name ROC-BOR INC

Principal Place of Business 4730 PRINCE EDWARD RD JACKSONVILLE FL 32210 US	Mailing Address 4730 PRINCE EDWARD RD JACKSONVILLE FL 32210 US
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2. Principal Place of Business 1596 Lancaster Terrace Suite, Apt. #, etc. Unit 12 A City & State Jacksonville, FL Zip 32204 Country US	3. Mailing Address 1596 Lancaster Terrace Suite, Apt. #, etc. Unit 12 A City & State Jacksonville, FL Zip 32204 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0941074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER, L.B. 4730 PRINCE EDWARD JACKSONVILLE FL 32210	
7. Name and Address of New Registered Agent Name L. B. Fowler Street Address (P.O. Box Number is Not Acceptable) 1596 Lancaster Terrace Unit 12 A City Jacksonville FL Zip Code 32204	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME FOWLER, RW STREET ADDRESS 4730 PRINCE EDWARD CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE Pres/Dir NAME R. W. Fowler STREET ADDRESS 993 Ponte Vedra Blvd. CITY-ST-ZIP Ponte Vedra Beach, FL 32004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FOWLER, L B STREET ADDRESS 4730 PRINCE EDWARD CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE Vice Pres/Dir NAME L. B. Fowler STREET ADDRESS 1596 Lancaster Terrace/Unit 12 A CITY-ST-ZIP Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME FOWLER, CORALINE T STREET ADDRESS 4730 PRINCE EDWARD CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE Sec/Dir NAME C. T. Fowler STREET ADDRESS 993 Ponte Vedra Blvd. CITY-ST-ZIP Ponte Vedra Beach, FL 32004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: L.B. Fowler **DATE:** 1/16/02 **DAYTIME PHONE #:** 355-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101/01 42624 (9/01)