

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90502 019 ***150.00

DOCUMENT # 337100

1. Entity Name
ROCK LAKE, INC.



Principal Place of Business
**132 SWIMTON AVE
DELRAY BEACH FL 33444**

Mailing Address
**132 SWIMTON AVE
DELRAY BEACH FL 33444**



2. Principal Place of Business

132 N. SWIMTON AVE.

3. Mailing Address

132 N. SWIMTON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number **59-1488779**

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

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

**UTRECHT, STEVEN T
2295 CORPORATE BLVD
STE 211
BOCA RATON FL 33431**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THORNBROUGH, ALBERT A.**
STREET ADDRESS **499 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **PS** ☐ Delete
NAME **THORNBROUGH, A. GRANT**
STREET ADDRESS **499 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME **PS THORNBROUGH, A. GRANT**
STREET ADDRESS **131 NE WAVE CREST COURT**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VT** ☐ Delete
NAME **THORNBROUGH, WAYNE D.**
STREET ADDRESS **60 EAST END AVENUE**
CITY-ST-ZIP **NEW YORK NY 10028**

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

TITLE **D** ☐ Delete
NAME **STAIGER, SUSAN T**
STREET ADDRESS **9220 SW 76TH TERR**
CITY-ST-ZIP **MIAMI FL 33143-3503**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)