

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383865

1. Entity Name

ROOKS & ASSOCIATES, INC.

Principal Place of Business

2850 SW 5TH ST.  
BOYNTON BCH. FL 33435-7905  
US

Mailing Address

2850 SW 5TH ST.  
BOYNTON BCH. FL 33435-7905  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1354791

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

ROOKS, MARLENE E  
2850 SW 5TH ST.  
BOYNTON BCH. FL 33435

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

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 \$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	PD	<input type="checkbox"/> Delete
NAME	ROOKS, RONALD G	
STREET ADDRESS	2850 SW 5TH ST.	
CITY-ST-ZIP	BOYNTON BCH. FL 33435-7905	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROOKS, MARLENE E	
STREET ADDRESS	2850 SW 5TH ST.	
CITY-ST-ZIP	BOYNTON BCH. FL 33435-7905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ronald G. Rooks RONALD G. ROOKS 4-16-2000 561-364 7625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90066 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)