## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am **DOCUMENT # 383865** Secretary of State **ROOKS & ASSOCIATES, INC.** 04-27-2001 90372 040 \*\*\*150.00 Principal Place of Business Mailing Address 2850 SW 5TH ST. 2850 SW 5TH ST. BOYNTON BCH. FL 33435-7905 BOYNTON BCH. FL 33435-7905 2. Principal Place of Business 3. Mailing Address AVE. 2004 S.W. 17 2004 S.W, 17 AVE Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1354791 BOYNTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOKS, MARLENE E Street Address (P.O. Box Number is Not Acceptable) 2850 SW 5TH ST. BOYNTON BCH. FL 33435 2004 S.W. 17 AVE. ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statem 4-19-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ROOKS, RONALD G NAME NAME 2004 S.W. 17 AUE STREET ADDRESS 2850 SW 5TH ST. BOYNTON BEACH, FL 33426-6443 STREET ADDRESS. CITY-ST-ZIP CITY - ST- ZIP BOYNTON BCH. FL 33435-7905-TITLE ☐ Delete TITLE 2004 S.W. 17 ANE BEYNTON BEACH, FL 33426-6443 ROOKS, MARLENE E NAME NAME STREET ADDRESS 2850-SW-5TH-ST. STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP BOYNTON BCH. FL-33435=7905-TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-Z:P 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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CITY-ST-ZIP

Rooks 4-19-01 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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