

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 463008

1. Entity Name  
ROCKING CHAIR, INC.

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**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90096 048 \*\*\*150.00

Principal Place of Business  
2514 TUSCARORA TRAIL  
MAITLAND FL 32751

Mailing Address  
2514 TUSCARORA TRAIL  
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OLSEN, ROBERT W.  
205 N. ROSALIND AVE.  
ORLANDO FLORIDA FL

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PAMELA J. MICHAELS  
2514 TUSCARORA TR.  
MAITLAND FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

407-6445728

Daytime Phone #

CR2E034 (5/00)

ATTACHMENTS

# 463008

DM77403

## ROCKING CHAIR INC.

2514 TUSCARORA TRAIL  
MAITLAND, FL 32751

JUNE 23, 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SECRETARY OF STATE:

ENCLOSED IS THE COPY OF MY CHECK TO YOU, DATED APRIL 15, 2000 WHICH WAS MAILED ON THAT DATE. THAT CHECK HAS NOT YET CLEARED MY BANK WHICH PROMPTED ME TO CALL YOUR OFFICE TO DETERMINE ITS STATUS. INASMUCH AS YOUR RECORDS DO NOT SHOW YOUR RECEIPT OF THAT CHECK, YOUR STAFF REQUESTED THIS LETTER WITH A NEW CHECK FOR THE FEES INVOLVED.

PLEASE NOTE THAT THE ENCLOSED CHECK IS FROM WASHINGTON MUTUAL WHICH BOUGHT OUT GREAT WESTERN AND WHOSE CHECKS WASHINGTON MUTUAL WILL NO LONGER HONOR. IF THE ORIGINAL CHECK SHOULD FINALLY GET TO YOUR OFFICES, PLEASE DO NOT TRY TO CASH IT SINCE IT WILL NOT BE HONORED.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



PAMELA J. MICHAELS  
PRESIDENT, ROCKING CHAIR INC.