

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90035 039 \*\*\*150.00

**DOCUMENT # 850530**

1. Entity Name  
**ROCK & WATERSCAPE SYSTEMS, INCORPORATED**

Principal Place of Business

Mailing Address

**#11 WHATNEY  
IRVINE CA 92618  
US**

**#11 WHATNEY  
IRVINE CA 92618  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-2932231**

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

**BARNARD, GLENN  
4434 PARKWAY COMMERCE BLVD  
ORLANDO FL 32808**

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, 2002 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	JOHNSON, JERRY L	
STREET ADDRESS	33761 SHAMROCK LANE	
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GUARNERI, RICHARD P.	
STREET ADDRESS	28325 DRIZA	
CITY-ST-ZIP	MISSION VIEJO, CA 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIESZ, LANCE C	
STREET ADDRESS	22521 HILLSBORO DR	
CITY-ST-ZIP	LAGUNA NIGUEL CA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, KAREN L	
STREET ADDRESS	33761 SHAMROCK LANE	
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNARD, GLENN S	
STREET ADDRESS	764 SWAYING PALM DR	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** Richard P. Guarneri **REQUIRED** Richard P. Guarneri, 1/7/02 949-770-1936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #