

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90189 025 \*\*\*150.00

DOCUMENT # **F56411**

1. Entity Name

**ROCKING-J-L, INC.**

**DO NOT WRITE IN THIS SPACE**

**971026**

2. Principal Place of Business

**JUNE'S JUNKTIQUES**

Suite, Apt. #, etc.

**545 ELLIJAY RD**

City & State

**FRANKLIN, N.C.**

Zip  
**28734**

Country

**MACON**

3. Mailing Address

**JUNE'S JUNKTIQUES**

Suite, Apt. #, etc.

**545 ELLIJAY RD**

City & State

**FRANKLIN, N.C.**

Zip  
**28734**

Country

**MACON**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2145656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JERRY ROSEN**

Street Address (P.O. Box Number is Not Acceptable)

**7830 N. UNIVERSITY DR. SUITE 201**

**TAMARAC, FL**

City

**FL**

Zip Code

**33321**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE **PRESIDENT - TREAS.**  
NAME **JUNE LOEWY**  
STREET ADDRESS **545 ELLIJAY RD**  
CITY - ST - ZIP **FRANKLIN - N.C. 28734**

TITLE **V.P. - SEC.**  
NAME **JOSEPH LOEWY**  
STREET ADDRESS **545 ELLIJAY RD**  
CITY - ST - ZIP **FRANKLIN, N.C. 28734**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**June Loewy**

**JUNE LOEWY**

**7-18-02**

**1-828-**

**369-1755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
Document #  
F56411

971026

Sec. of State,

I did not receive a VBR  
Report Sheet this year. When I realized  
I did not pay my fee, I called  
and was told to send this sheet  
in with \$150<sup>00</sup>.

Thanks,  
June Henry  
President  
Locking J & L Inc.