

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70491

1. Entity Name

ROCK BOTTOM, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 003 ***150.00

Principal Place of Business

Mailing Address

6900 SW 21 CT SUITE 11
DAVIE FL 33317
US

6175-B CROOKED CREEK RD
NORCROSS GA 30092-3105
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 **59-2149757**

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

ROCHMAN, FRANK
6631 RACQUET CLUB DR
LAUDERHILL FL 33319

*4004 N.W. 88 AVE. 1-B
SUNRISE, FL 33351*

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
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SCHEIBLE, BEVERLY | |
| STREET ADDRESS | 3893 GLEN MEADOW DR. | |
| CITY-ST-ZIP | NORCROSS GA | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SCHEIBLE, JEFFREY J | |
| STREET ADDRESS | 3893 GLENMEADOW DR | |
| CITY-ST-ZIP | NORCROSS, GA 00000 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROCHMAN, FRANK | |
| STREET ADDRESS | 6631 RAQUET CLUB DR | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FRIO, RICHARD | |
| STREET ADDRESS | 3050 N CHANDELLE ROAD | |
| CITY-ST-ZIP | LOS ANGELES CA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | 4405 LAUREL GROVE TRACE | |
| CITY-ST-ZIP | SUWANEE, GA 30024 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | 4405 LAUREL GROVE TRACE | |
| CITY-ST-ZIP | SUWANEE, GA 30024 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | 4004 N.W. 88 AVE. 1-B | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly Scheible BEVERLY SCHEIBLE

Date

Daytime Phone #

2-4-00 770-448-84