

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37489

1. Entity Name

RHOCK SPECIALTIES, INC.

Principal Place of Business

7329 LAND O LAKES BLVD.
P.O. BOX 549
LAND O' LAKES FL 34617-0549

Mailing Address

7329 LAND O LAKES BLVD.
P.O. BOX 549
LAND O' LAKES FL 34617-0549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HIERLMEIER, RICHARD
22332 SOUTHSORE DRIVE
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name

Debra K. Hierlmeier

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

22332 Southshore Drive

City

Land O' Lakes

State

Zip Code

34639

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 Debra K. Hierlmeier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/30/2002

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, 2001 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

TITLE	DP	☐ Delete
NAME	HIERLMEIER, RICHARD	
STREET ADDRESS	22332 SOUTHSORE DR	
CITY-STATE-ZIP	LAND O'LAKES FL	
TITLE	DTS	☐ Delete
NAME	HIERLMEIER, DEBRA K.	
STREET ADDRESS	22332 SOUTHSORE DR	
CITY-STATE-ZIP	LAND O'LAKES FL	
TITLE	DV	☐ Delete
NAME	HIERLMEIER, RHETT S.	
STREET ADDRESS	22332 SOUTHSORE DR	
CITY-STATE-ZIP	LAND O' LAKES FL	
TITLE		☐ Delete
NAME	Brock R. Hierlmeier	
STREET ADDRESS	22332 Southshore Drive	
CITY-STATE-ZIP	Land O' Lakes, FL 34639	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Chief Financial Officer	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	1ST VP	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	2ND VP	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: Debra K. Hierlmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra K. Hierlmeier

3/30/2001

DATE

813-996-3290



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)