

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90158 021 ***150.00

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

21434 CARSON DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 549
 Suite, Apt. #, etc.

City & State

Land O' Lakes

City & State

Land O' LAKES, FL

Zip

Country

FL 34639

PASCO-USA

Zip

Country

34639

PASCO-USA

4. FEI Number

59-2507706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIERLMEIER, DEBRA K
 22332 SOUTHSORE DRIVE
 LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

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 Debra K. Hierlmeier, CFO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/2002

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, 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

TITLE **P** ☐ Delete
 NAME **HIERLMEIER, RICHARD**
 STREET ADDRESS **22332 SOUTHSORE DR**
 CITY-ST-ZIP **LAND O'LAKES FL**

TITLE **CFO** ☐ Delete
 NAME **HIERLMEIER, DEBRA K.**
 STREET ADDRESS **22332 SOUTHSORE DR**
 CITY-ST-ZIP **LAND O'LAKES FL**

TITLE **1VP** ☐ Delete
 NAME **HIERLMEIER, RHETT S.**
 STREET ADDRESS **22332 SOUTHSORE DR**
 CITY-ST-ZIP **LAND O' LAKES FL**

TITLE **2VP** ☐ Delete
 NAME **HIERLMEIER, BROCK**
 STREET ADDRESS **22332 SOUTHSORE DRIVE**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

813-996-3290
 Daytime Phone #

CR2E034 (9/01)