

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90107 014 ***150.00

DOCUMENT # J12022

1. Entity Name

ROCKEFELLER AND RINGLING INCORPORATED



Principal Place of Business

911 LAKESHORES DRIVE
LEESBURG FL 34748
US

Mailing Address

911 LAKESHORES DRIVE
LEESBURG FL 34748
US

2. Principal Place of Business

5520 CITATION CT.

3. Mailing Address

5520 CITATION CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LADY LAKE, FL.

City & State

LADY LAKE, FL.

Zip

32159

Country

USA

Zip

32159

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2740274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARNES, KENNETH R
1803 S 9TH ST
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name KARNES, KENNETH R.

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

5520 CITATION COURT

City LADY LAKE, FL.

FL

Zip Code
32159

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth R. Karnes

1/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KARNES, KENNETH R.
STREET ADDRESS 911 LAKESHORES DRIVE
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE PD
NAME KARNES, KENNETH R.
STREET ADDRESS 5520 CITATION COURT
CITY-ST-ZIP LADY LAKE, FL 32159 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth R. Karnes

1/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)