

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90075 006 ***150.00

DATE 21 AM

DOCUMENT # **J60028**

1. Entity Name
ROCKY ELSON CONSTRUCTION, INC.



Principal Place of Business
~~1604 15TH AVE. N.
LAKE WORTH FL 33460~~

Mailing Address
~~1604 15TH AVE. N.
LAKE WORTH FL 33460~~

2. Principal Place of Business

26 SW Cabana Pt.

Suite, Apt. #, etc.

3. Mailing Address

26 SW Cabana Pt. Circle

Suite, Apt. #, etc.

City & State
Stuart Florida

Zip
34994

Country
Martin

City & State
Stuart Florida

Zip
34994

Country
Martin

4. FEI Number
59-2771640

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ELSON, KENNETH S

~~1604 15TH AVE. NORTH
LAKE WORTH FL 33460~~ **26 SW Cabana Pt. Circle
Stuart Fla 34994**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSVP
ELSON, KENNETH S
1604 15TH AVE. N. 26 SW Cabana Pt. Circle
LAKE WORTH FL 33460 Stuart Fla 34994**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Rocky Elson President 3/24/03 772 221 3786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)