

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90059 011 \*\*\*150.00

**DOCUMENT # K01715**

1. Entity Name

**ROCKMAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

% LAWTON O. ROCKMAN

% LAWTON O. ROCKMAN

~~1237-FREEPORT RD~~

~~1237-FREEPORT RD~~

DEFUNIAK SPRINGS, FL 32435

DEFUNIAK SPRINGS FL 32435

US

US

2. Principal Place of Business

3. Mailing Address

1207 B Hwy 331 S

1207 B Hwy 331 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Defuniak spr, Fl.

Defuniak spr. Fl.

City & State

City & State

4. FEI Number

59-2876783

Applied For

Not Applicable

Zip

Country

Zip

Country

32435

Walton

32435

Walton

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

ROCKMAN, LAWTON O.

~~1237-FREEPORT RD~~

DEFUNIAK SPRINGS FL 32435

Name

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

1207 B us Hwy 331 S

Defuniak spr. Fl.

City

FL

Zip Code

32435

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

*Lawton O. Rockman* Lawton O. Rockman

01/23/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROCKMAN, LAWTON O.  
CITY-ST-ZIP 1237 FREEPORT RD  
DEFUNIAK SPRINGS FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROCKMAN, TIMOTHY W.  
CITY-ST-ZIP RT. 2, BOX 1065  
DEFUNIAK SPRINGS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lawton O. Rockman* Lawton O. Rockman

01/23/02

850 892 5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/01)