

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 028 ***150.00

DOCUMENT # K115604
1. Entity Name Rocky's Recreational Rentals INC
1863 Gulf Blvd Englewood Fla 34223

100413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1863 Gulf Blvd.
Suite, Apt. #, etc.
City & State Englewood Fl.
Zip 34223 Country USA

3. Mailing Address Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number CW 65-0033530
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Rodney B. Schiffner
Street Address (P.O. Box Number is Not Acceptable) 1098 Bay Harbor Dr
City Englewood FL Zip Code 34224

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 [Signature] DATE 4-4-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u>	TITLE	
NAME	<u>Rodney B. Schiffner</u>	NAME	
STREET ADDRESS	<u>1098 Bay Harbor Dr.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Englewood Fla 34224</u>	CITY-ST-ZIP	
TITLE	<u>Vice President</u>	TITLE	
NAME	<u>Eleanor W. Schiffner</u>	NAME	
STREET ADDRESS	<u>1098 Bay Harbor Dr</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Englewood Fl 34224</u>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE 4-4-02 DAYTIME PHONE # 941-474-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)