

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90107 011 \*\*\*150.00

**DOCUMENT # K24344**

1. Entity Name

ROCK WOODWORKS INC.

Principal Place of Business

7640 HOOPER RD  
 BAY 3, 4, & 5  
 WEST PALM BEACH FL 33411  
 US

Mailing Address

6519 ROCK CREEK DRIVE  
 LAKE WORTH FL 33467  
 US



2. Principal Place of Business

6614 LANTANA Rd.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0060203

Applied For

Not Applied

Zip

33467 Palm Beach

Zip

33467

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROCK, HOLLY  
 6519 ROCK CREEK DRIVE  
 SUITE A-11  
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

ROCK, HOLLY

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

6519 ROCK CREEK DR.

City

LAKE WORTH

FL

Zip Code

33467

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

*Holly Rock*

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROCK, ROGER	
STREET ADDRESS	4361 OKEECHOBEE BLVD	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIMLEY, CHARLES	
STREET ADDRESS	1708 64TH DR #205	
CITY-ST-ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEISSERT, TIMOTHY	
STREET ADDRESS	4931 HAVERHILL COMM CRC	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ROGER ROCK*, PRES. / 1-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-  
 434-2117