

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 029 ***150.00

DOCUMENT # K85404

1. Entity Name
ROCKLEDGE PROPERTIES, INC.

Principal Place of Business 300 ARTEMIS BLVD ISLAND FL 32953	Mailing Address 300 ARTEMIS BLVD MERRITT ISLAND FL 32953-3179 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2946517	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRESNICK, DAVID M
 96 WILLARD ST STE 302
 COCOA FL 32922**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (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, 2000 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	PTSD	<input type="checkbox"/> Delete
NAME	VELLUTO, JANE E.	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBER, KAREN L.	
STREET ADDRESS	641 SPRING LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, KARL M.	
STREET ADDRESS	641 SPRING LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, ROBERT A.	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, GEORGE	
STREET ADDRESS	4349B QUAL RIDGE DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HALLORAN, JAMES P	
STREET ADDRESS	468 PLACE LANE	
CITY-ST-ZIP	WOBURN MA 01801	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jane E. Velluto Date: 2-21-00 Daytime Phone #: (321)452-6357

CR2E034 (9/99)