

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90019 040 ****50.00

0047194

DOCUMENT # L02000012687

1. Entity Name

SOLID ROCK VENTURES, L.L.C.



Principal Place of Business

**4317 GENTLE KNOLL DR. N
JACKSONVILLE L 32258**

Mailing Address

**4317 GENTLE KNOLL DR. N
JACKSONVILLE L 32258**

2. Principal Place of Business

3. Mailing Address

9838 OLD BAYMEADOWS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

119

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

01-0705633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD.
SUITE 504
JACKSONVILLE FL 32216**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
NAME **PAUL E. FOSHEE**
STREET ADDRESS **4317 GENTLE KNOLL DR. N.**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **MEM** ☐ Delete
NAME **SAMUEL K. JOHNS**
STREET ADDRESS **336 N. ELVERTON PL**
CITY-ST-ZIP **SAX, FL 32259**

TITLE **MEM** ☐ Delete
NAME **ROBERT E. VERN**
STREET ADDRESS **723 MAGNOLIA AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED PAUL E. FOSHEE

Date

Daytime Phone #

1/25/03

904-260-6353

CR2E083 (10/02)