NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 12 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002597

1. Entity Name
THE ROCKIN Q COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 Quantum Lakes Dr.	2500 Quantum Lakes Dr.
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.: Ste 101
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33426 Country: US	Zip: 33426 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1036098 ☐ 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: DAVID B. NORRIS

Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Highway One, Ste 400

City: North Palm Beach, FL Zip Code: 33408

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.

200005893232--6
-06/20/02--01083--001
****300.00 ****300.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACDONALD, DOUGLAS 2500 Quantum Lakes Dr. Suite 101 Boynton Beach, FL 33426	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	201.25 SI-AR 10.00 - ARARTS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRESOLIN, FIORENZO 2500 Quantum Lakes Dr. Suite 101 Boynton Beach, FL 33426	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	88.75 - AR SUP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, FRED 2500 Quantum Lakes Dr. Suite 101 Boynton Beach, FL 33426	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas MacDonald 561/740-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #