

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20550

1. Entity Name

ROCK-OUT AUBURNDAL, INCORPORATED

Principal Place of Business

Mailing Address

115 PATTERSON DRIVE
AUBURNDAL FL 33823

115 PATTERSON DRIVE
AUBURNDAL FL 33823-2323

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

59-2927835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABALDON, ADRIAN
210 S. BARTOW AVENUE
AUBURNDAL FL 33823

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JAMES, ANN
STREET ADDRESS 115 PATTERSON DR.
CITY-ST-ZIP AUBURNDAL FL 33823

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

TITLE VPD ☐ Delete
NAME BOYKIN, BILL
STREET ADDRESS 103 PERRY AVE.
CITY-ST-ZIP AUBURNDAL FL

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

TITLE SVP ☐ Delete
NAME BULLOCK, JANICE
STREET ADDRESS 123-4TH ST JPV
CITY-ST-ZIP AUBURNDAL FL

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

TITLE TRS ☐ Delete
NAME MULFORD, GERI
STREET ADDRESS RT. 1, BOX 308
CITY-ST-ZIP AUBURNDAL FL

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

TITLE TD ☐ Delete
NAME CONNER, MARSHA
STREET ADDRESS 2504 ARIANA BLVD.
CITY-ST-ZIP AUBURNDAL FL

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

TITLE T ☐ Delete
NAME BORKOWSKI, DOLORES
STREET ADDRESS 102 JOSEPH CIRCLE
CITY-ST-ZIP AUBURNDAL FL 33823

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2000 8639675829

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90062 049 ****61.25



DO NOT WRITE IN THIS SPACE