

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90412 016 \*\*\*\*61.25

**DOCUMENT # N20550**

1. Entity Name

**ROCK-OUT AUBURNDAL, INCORPORATED**

Principal Place of Business

**115 PATTERSON DRIVE  
AUBURNDAL FL 33823**

Mailing Address

**115 PATTERSON DRIVE  
AUBURNDAL FL 33823**

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

**GABALDON, ADRIAN  
210 S. BARTOW AVENUE  
AUBURNDAL FL 33823**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, ANN	
STREET ADDRESS	115 PATTERSON DR.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOYKIN, BILL	
STREET ADDRESS	103 PERRY AVE.	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BULLOCK, JANICE	
STREET ADDRESS	123-4TH ST JPV	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	MULFORD, GERI	
STREET ADDRESS	RT. 1, BOX 308	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNER, MARSHA	
STREET ADDRESS	2504 ARIANA BLVD.	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORKOWSKI, DOLORES	
STREET ADDRESS	102 JOSEPH CIRCLE	
CITY-ST-ZIP	AUBURNDAL FL 33823	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holbrook, Barbara	
STREET ADDRESS	21st Street	
CITY-ST-ZIP	Winter Haven, FL 33880	
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		

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:** *Ann James* **REQUIRE**

April 30, 2001 (863) 9675829

CR2E037 (10/00)