

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90057 040 ****61.25

DOCUMENT # N20550

1. Entity Name

ROCK-OUT AUBURDALE, INCORPORATED

Principal Place of Business

115 PATTERSON DRIVE
 AUBURDALE FL 33823

Mailing Address

115 PATTERSON DRIVE
 AUBURDALE FL 33823

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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
AUBURDALE 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	AUBURDALE FL 33823	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLBROOK, BARBARA	
STREET ADDRESS	21ST ST.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BULLOCK, JANICE	
STREET ADDRESS	123-4TH ST JPV	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	MULFORD, GERI	
STREET ADDRESS	RT. 1, BOX 308	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONNER, MARSHA	
STREET ADDRESS	2504 ARIANA BLVD.	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORKOWSKI, DOLORES	
STREET ADDRESS	102 JOSEPH CIRCLE	
CITY-ST-ZIP	AUBURDALE FL 33823	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James, Ann	
STREET ADDRESS	115 Patterson Dr.	
CITY-ST-ZIP	Auburndale, FL 33823-2323	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holbrook, Barbara	
STREET ADDRESS	21st Street	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Second Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bullock, Janice	
STREET ADDRESS	123-4th Street JPV	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lamb, Mazy	
STREET ADDRESS	2040 San Marcos Drive, # 105	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mulford, Geri	
STREET ADDRESS	Rt. 1, Box 308	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borkowski, Dolores	
STREET ADDRESS	102 Joseph Circle	
CITY-ST-ZIP	Auburndale, FL 33823	

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
SIGNATURE REQUIRED Ann James

February 19, 2002, 8639675829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)