

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002727

1. Entity Name

ROCKLEDGE CENTRAL INDUSTRIAL PARK, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90005 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5211 S WASHINGTON AVE  
TITUSVILLE FL 32780

5211 S WASHINGTON AVE  
TITUSVILLE FL 32780-7315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3301078

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INOCHOVSKY, ROMAN  
8814 BAY HARBOUR BLVD  
ORLANDO FL 32836

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 WELK, DONALD F  
STREET ADDRESS 5211 S WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition  
NAME Inochovsky, Roman  
STREET ADDRESS 8814 Bay Harbour Blvd.  
CITY-ST-ZIP Orlando, FL 32836

TITLE STD ☐ Delete  
NAME PORTER, VIRGINIA  
STREET ADDRESS 5211 S WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE CD ☐ Delete  
NAME PATCH, GLENN  
STREET ADDRESS 5211 S WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL

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

TITLE CEO ☐ Delete  
NAME INOCHOVSKY, ROMAN  
STREET ADDRESS 8814 BAY HARBOUR BLVD  
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Virginia Porter 3-1-00 321-268-5010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #