

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90091 016 ****61.25

DOCUMENT # N96000004851

1. Entity Name

ROCK'N'WIN EQUITHERAPY, INC.



Principal Place of Business

**1983 HOOT OWL HILL
TALLAHASSEE FL 32317**

Mailing Address

**1983 HOOT OWL HILL
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

962 CR 490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STEPHENVILLE, TX

Zip

Country

Zip

Country

76401 USA

4. FEI Number **59-3418849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, SANDI
1983 HOOT OWL HILL
TALLAHASSEE FL 32317**

7. Name and Address of New Registered Agent

Name **LISA REVELL**

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

1983 HOOT OWL HILL

City **TALLAHASSEE**

FL

Zip Code **32317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lisa Revell

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

(NOTE: Registered Agent signature required when reinstating)

3/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEASLEY, DEBORAH 600 STOC LAND ROAD HAVANA FL 32333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REVELL, LISA 1983 HOOT OWL HILL TALLAHASSEE FL 32317	<input checked="" type="checkbox"/> (OK)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HALL, KEVIN RT 4 BOX 81 BLAKELY GA 31723	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TURNER, ROBERT 110 LIBERTY STREET BLAKELY GA 31723	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOXWORTH, DOTTIE 2040 FRANK SMITH ROAD QUINCY FL 32352	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WILLIAMS, SANDI 1983 HOOT OWL HILL TALLAHASSEE FL 32317	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, KEVIN 962 CR 490 STEPHENVILLE, TX 76401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> OK <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WILLIAMS, SANDI 962 CR 490 STEPHENVILLE, TX 76401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sandi Williams

3/10/03

254/965/5334

CR2E037 (10/02)