

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90228 004 \*\*\*\*61.25

**DOCUMENT # N99000003331**

1. Entity Name  
**ROCK SOLID MINISTRIES, INC.**

Principal Place of Business <b>4551 FT CENTER AVE LABELL FL 33935</b>	Mailing Address <b>4551 FT CENTER AVE LABELL FL 33935-6306</b>
--	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State <b>Labelle, FL</b>	City & State <b>Labelle, FL</b>
Zip  Country	Zip  Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>05-0923023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CASTELLITTO, ANTHONY J**  
**4551 FT CENTER AVE**  
**LABELL FL 33935**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make-Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CASTELLITTO, ANTHONY J</b>	
STREET ADDRESS <b>4551 FT CENTER AVE</b>	
CITY-ST-ZIP <b>LABELL FL 33935</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>CASTELLITTO, TAMARA P</b>	
STREET ADDRESS <b>4551 FT CENTER AVE</b>	
CITY-ST-ZIP <b>LABELL FL 33935</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WIGGINS, KIMBERLY</b>	
STREET ADDRESS <b>4551 FT CENTER AVE</b>	
CITY-ST-ZIP <b>LABELL FL 33935</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>WILLIAMSON,</b>	
STREET ADDRESS <b>140 EVANS RD</b>	
CITY-ST-ZIP <b>LABELL FL 33935</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S Reed Debra S.</b>
STREET ADDRESS	<b>19641 Tammy Ln.</b>
CITY-ST-ZIP	<b>N. Ft. Myers, FL 33917</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Williamson, Joel</b>
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: SIGNATURE REQUIRED 941-675-8740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)