

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005141

1. Entity Name

THE ROCK OF PORT CHARLOTTE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90249 007 ****61.25

Principal Place of Business

Mailing Address

3596 TAMiami TRAIL,STE.201
PORT CHARLOTTE FL 33952

3596 TAMiami TRAIL,STE.201
PORT CHARLOTTE FL 33952-8252

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

125-0944539

Applied For

Not Applicable

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

PULLMAN, LARRY D JR.
3596 TAMiami TRAIL,STE.201
PORT CHARLOTTE FL 33952

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	CPD	<input type="checkbox"/> Delete
NAME	PULLMAN, LARRY D JR.	
STREET ADDRESS	20324 SILENT AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULLMAN, SANDRA J	
STREET ADDRESS	20324 SILENT AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, GINGER L	
STREET ADDRESS	3411 IDELWILD STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY D. PULLMAN, JR.

Date

Daytime Phone #

JAN 2000 (941) 627-0550

CR2E037 (9/99)