

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005141

1. Entity Name

THE ROCK OF PORT CHARLOTTE, INC.

Principal Place of Business

3596 TAMiami TRAIL STE.201  
PORT CHARLOTTE FL 33952

Mailing Address

3596 TAMiami TRAIL STE.201  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

20324 Silent Ave

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90139 008 \*\*\*\*61.25

606293



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 CPD ☐ Delete  
NAME PULLMAN, LARRY D JR.  
STREET ADDRESS 20324 SILENT AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete  
NAME PULLMAN, SANDRA J  
STREET ADDRESS 20324 SILENT AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Delete  
NAME GARDNER, GINGER L  
STREET ADDRESS 3411 IDELWILD STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition  
NAME SUZANNE SUCHMANN  
STREET ADDRESS 20300 DANUBE AVE  
CITY-ST-ZIP Port Charlotte, FL 33952

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LARRY D. Pullman, JR 11 Jan 01 (941) 627-0550

Date

Daytime Phone #

CR2E037 (10/00)