

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 038 ***158.75

DOCUMENT # P000000020390

1. Entity Name

ROCKPORT DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

707 S. Washington Blvd.

Suite, Apt. #, etc.

3. Mailing Address

707 S. Washington Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Fl. 34236

City & State

Sarasota, Fl. 34236

4. FEI Number

65-0982929

Applied For

Not Applicable

Zip
34236

Country

Sarasota

Zip

34236

Country

Sarasota

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John E. Tosch

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

707 S. Washington Blvd.

City

Sarasota, Fl.

FL

Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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

John E. Tosch

04-23-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Edward Buchanan
STREET ADDRESS	707 S. Washington Blvd.
CITY, ST, ZIP	Sarasota, Fl. 34236
TITLE	VP
NAME	John E. Tosch
STREET ADDRESS	707 S. Washington Blvd.
CITY, ST, ZIP	Sarasota, Fl. 34236
TITLE	T
NAME	Salvatore Rosa
STREET ADDRESS	707 S. Washington Blvd.
CITY, ST, ZIP	Sarasota, Fl. 34236
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

Edward Buchanan - President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02

941-366-5230

Date

Daytime Phone #

CR2E034B (12/01)