

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90262 007 ***150.00

DOCUMENT # P00000026767

1. Entity Name
FIRE ROCK DESIGNS, INC.

Principal Place of Business 400 NE 20TH STREET #203C BOCA RATON FL 33431	Mailing Address 400 NE 20TH STREET #203C BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8615 BELLA Vista Dr Suite, Apt. #, etc.	3. Mailing Address 8615 BELLA Vista Dr Suite, Apt. #, etc.
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City & State Boca Raton, Florida	City & State Boca Raton, FL
Zip 33433	Zip 33433
Country Palm Beach	Country Palm Beach

4. FEI Number 65-0993512	Applied For <input type="checkbox"/> Not Applicable
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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

EVANS, JILL
400 NE 20TH STREET #203C
BOCA RATON FL 33431

Name JILL EVANS
Street Address (P.O. Box Number is Not Acceptable) 8615 BELLA VISTA DR
City BOCA RATON
City FL Zip Code 33433

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 Jill Evans (JILL EVANS) DATE 2/16/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, JILL		NAME JILL EVANS	
STREET ADDRESS 400 NE 20TH STREET #203C		STREET ADDRESS 8615 BELLA VISTA DRIVE	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRETTA RICHARD		NAME	
STREET ADDRESS 400 NE 20TH STREET #203C		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill Evans DATE 2/16/01 DAYTIME PHONE # 561-4837273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)