

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028872

1. Entity Name

D.E. ROCKE BOBCAT SERVICES, INC.

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

01-26-2001 90038 029 ***150.00

Principal Place of Business

Mailing Address

~~435 S RIDGEWOOD AVE 32114~~
~~DAYTONA BEACH FL 32114~~

~~435 S RIDGEWOOD AVE 32114~~
~~DAYTONA BEACH FL 32114~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

30 Stratford Pl.

Suite, Apt. #, etc.

30 Stratford Pl

City & State

Ormond Beach

City & State

Ormond Beach

Zip

32174

Country

FL

Zip

32174

Country

FL

4. FEI Number

59-3629213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN

435 S RIDGEWOOD AVE 3210
DAYTONA BEACH FL 32114

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DANIEL ROCKE	
STREET ADDRESS	30 STRATFORD PLACE	
CITY-ST-ZIP	Ormond Beach FL 32174	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Rocke	
STREET ADDRESS	30 STRATFORD PLACE	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	V P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Rocke	
STREET ADDRESS	30 STRATFORD PLACE	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Rocke	
STREET ADDRESS	30 STRATFORD PLACE	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Rocke	
STREET ADDRESS	30 STRATFORD PL	
CITY-ST-ZIP	Ormond Beach FL 32174	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01

Date

9046737997

Daytime Phone #

CR2E034 (10/00)