DOCUMENT # P00000029832

1. Entity Name

Rookie Enterprises, Inc.

Principal Place of Business

Mailing Address

933 Memorial Park Rd.
Jacksonville, FL 32221

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91119 002 ***150.00

2. Principal Place of Business	3. Mailing Address
same	933 Memorial Park Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32221 / Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3638702 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jerry Carroll
933 Memorial Park Rd.
Jacksonville, FL 32221

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 Jerry Carroll Pres.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Jerry Carroll / 933 Memorial Park Rd. / Jacksonville, FL 32221 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Jerry Carroll Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #