## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 03, 2001 8:00 am Secretary of State **POCUMENT # P00000046345** THE ROCKET REPORT, INC. 04-03-2001 90042 047 \*\*\*158.75 Principal Place of Business Mailing Address 2303 SOUTH FEDERAL HWY #2 2303 SOUTH FEDERAL HWY #2 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address P.O. Box 1956 1050 South 1 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 149 City & State City & State 4. FEI Number Applied For 65-1011621 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESSMORE, SCOTT Street A 2303 SOUTH FEDERAL HWY #2 **BOYNTON BEACH FL 33435** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. TITLE ☐ Delete TITLE Scott Messmore NAME NAME MESSMORE, SCOTT T STREET ADDRESS 2303 SOUTH FEDERAL HWY #2 STREET ADDR 4217 PalmForest Drive South zu CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** Delray Beach, FL 33445 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP-11 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb5,2001 561-274-9970