

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90013 013 ***150.00

DOCUMENT # P00000054220

1. Entity Name
ROKO GROUP, INC.

Principal Place of Business
**4532 SADDLEWORTH CIRCLE
 ORLANDO FL 32826**

Mailing Address
**4532 SADDLEWORTH CIRCLE
 ORLANDO FL 32826**

549838

2. Principal Place of Business
12098 COLLEGIATE WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL.
 Zip
32817
 Country
ORANGE

City & State
 Zip
 Country

4. FFL Number
59-31661756
 Applied For
 Not Applicable
 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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 _____ (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 ☐ Delete
 NAME **PD KOVATS, ERIC A**
 STREET ADDRESS **4532 SADDLEWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD ROBERTS, JENNIFER**
 STREET ADDRESS **4532 SADDLEWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S ROBERTS, BRIAN K**
 STREET ADDRESS **4532 SADDLEWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T KOVATS, STEPHANIE C**
 STREET ADDRESS **4532 SADDLEWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition
 NAME **KOVATS, STEPHANIE C.**
 STREET ADDRESS **4532 SADDLEWORTH CIR.**
 CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Stephanie C. Kovats
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 (407) 380-0870
 Date Daytime Phone #

CR2E034 (10/00)