

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000061962**

1. Entity Name

ROCKPORT OIL AND GAS, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90220 023 ***150.00

Principal Place of Business

**21 SOUTHEAST HARBOR POINT DRIVE
STUART FL 34996**

Mailing Address

**21 SOUTHEAST HARBOR POINT DRIVE
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

**MORTELL, EDWIN H III
400 FLAMINGO DRIVE
STUART FL 34996**

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD	BARATTA, ROBERT O M.D.	21 SOUTHEAST HARBOR POINT DRIVE STUART FL 34996				
	VPD	BARATTA, SCOTT R	195 DEVONWOOD DRIVE ATLANTA GA 30328				
	TD	BARATTA, GREGG P	1531 NW 124TH TERRACE, #14307 SUNRISE FL 33323				
	SD	MORTELL, MELISSA A	124 SE WELLS DRIVE STUART FL 34996				

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

Date

Daytime Phone #

CR2E034 (10/00)