

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095883

1. Entity Name
ROCK-N-ROLL.COM, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90098 032 ***150.00

Principal Place of Business
**1417 S. POWERLINE ROAD
POMPANO BEACH FL 33069**

Mailing Address
**1417 S. POWERLINE ROAD
POMPANO BEACH FL 33069**

2. Principal Place of Business
4521 PGA BLVD
Suite, Apt. #, etc.
348
City & State
PALE BEACH GARDENS FL
Zip
33410 Count
USA

3. Mailing Address
4521 PGA BLVD.
Suite, Apt. #, etc.
348
City & State
PALE BEACH GARDENS FL
Zip
33410 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**FLETCHER, ROBERT
1417 S. POWERLINE ROAD
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent
Name
FRED KRISS
Street Address (P.O. Box Number is Not Acceptable)
4521 PGA BLVD
Suite #108
City
PALE BEACH GARDENS FL Zip Code
33410

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 **FRED KRISS** **04/30/2001**
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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, ROBERT		NAME		
STREET ADDRESS	1417 S. POWERLINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FRED KRISS	
STREET ADDRESS			STREET ADDRESS	4521 PGA BLVD #108	
CITY-ST-ZIP			CITY-ST-ZIP	PALE BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **04/30/2001 (561) 714-4872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)