

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90183 037 \*\*\*150.00

**DOCUMENT# P00000102103**

**1. Entity Name**  
**ROCKY HAMMOCK ENTERPRISES, INC.**

**Principal Place of Business**

**1751 NW CR 345**  
**CHIEFLAND FL 32626**

**Mailing Address**

**1751 NW CR 345**  
**CHIEFLAND FL 32626**

**306 S. MAW ST.**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**CHIEFLAND, FL.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**  
**32626**

**Country**

**Zip**

**Country**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BITTER, WARREN**  
**1751 NW CR 345**  
**CHIEFLAND FL 32626**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BITTER, WARREN</b>	
<b>STREET ADDRESS</b>	<b>1751 NW CR 345</b>	
<b>CITY-ST-ZIP</b>	<b>CHIEFLAND FL 32626</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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**

**7/5/02 352 490-4868**

**Date**

**Daytime Phone #**

CR2E034 (4/02)

Attachment  
# P00000102103  
B0128/13

7/5/02  
I NEVER RECEIVED  
A (UBR) BACK IN  
JAN. OR ANY OTHER  
MONTH. THIS IS THE  
FIRST TIME I KNOW  
ABOUT THIS REPORT  
OR FEE.  
BITTER