2001 UNIFORM BUSINESS REPORT (UBR)

Feb 23, 2001 8:00 am DOCUMENT # P00000110382 **Secretary of State** 1. Entity Name EAGLE ROCK OF ST. PETE INC. 02-09-2001 90208 033 ***150.00 Principal Place of Business Mailing Address 301 SECOND ST N #8 301 SECOND ST N #8 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 26796 3. Mailing Address 2. Principal Place of Business Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For 59-3686099 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired USA 33701-2963 Fee Required 7. Name and Address of New Registered Agent _6. Name and Address of Current Registered Agent GILBERT, RODNEY C Street Address (P.O. Box Number is Not Acceptable) 301 SECOND ST N #8 ST. PETERSBURG FL 33701 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE BERT, RODNEY C MAME NAME GILBERT, RODNEY C SECOND STN 48 STREET ADDRESS STREET ADDRESS 301 SECOND ST N #8 FL 33701-2963 PETERSBURG. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 Change ☐ Addition Oglete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP T/TI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change FT Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-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:

FILED