

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

01-16-2002 90077 006 ***150.00

DOCUMENT # P01000046368

1. Entity Name

AROC DEVELOPMENT CORP.

Principal Place of Business

**7225 BOCA CIEGA DR.
ST. PETE BEACH FL 33706**

Mailing Address

**PO BOX 66194
ST. PETE BEACH FL 33736**

11100

2. Principal Place of Business

11799 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

16037 REDINGTON DR

Suite, Apt. #, etc.

City & State

TREASURE ISLAND, FL

City & State

REDINGTON BCH, FL

4. FEI Number

59-3723548

Applied For

Not Applicable

Zip

33706

Country

Zip

33708

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECK, CHARLES E. H**4825 CENTRAL AVE.****ST. PETERSBURGH FL 33713**

7. Name and Address of New Registered Agent

Name

EARNEST R FULLERTON JR

Street Address (P.O. Box Number is Not Acceptable)

16037 REDINGTON DR

City

REDINGTON BCH**FL**

Zip Code

33708

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

**PRESIDENT - AROC DEVELOPMENT CORP****1/8/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FULLERTON, EARNEST R JR	
STREET ADDRESS	16037 REDINGTON DR.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	

TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	MCLENDON, ANDREW M	
STREET ADDRESS	8108 TOM SAWYER DR.	
CITY-ST-ZIP	TAMPA FL 33637	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLERTON, EARNEST R JR	
STREET ADDRESS	16037 REDINGTON DR	
CITY-ST-ZIP	REDINGTON BCH, FL 33708	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EARNEST R FULLERTON JR**PRES - AROC DEV CORP**

Date

Daytime Phone #

CR2E034 (9/01)