

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 025 ***158.75

DOCUMENT # P010000087690

1. Entity Name

EAGLE ROCK PROPERTIES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 ORIENTA AVENUE

Suite, Apt. #, etc.

1121

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

3. Mailing Address

745 ORIENTA AVENUE

Suite, Apt. #, etc.

1121

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

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4. FEI Number

39-374 3647

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

R. NORMAN STOEHR

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

745 ORIENTA AVENUE

SUITE 1121

City

ALTAMONTE SPRINGS

FL

Zip Code

32701

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
R. NORMAN STOEHR
745 ORIENTA AVE STE 1121
ALTAMONTE SPRING, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JAMES B. BLACK
745 ORIENTA AVE STE 1121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02 4078301400

CR2E034B (12/01)