

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90123 007 ***150.00

DOCUMENT # P01000099118

1. Entity Name

ROCK-JAR PRODUCTIONS, INC.

Principal Place of Business

**309 WICKHAM COURT
 LONGWOOD FL 32779**

Mailing Address

**309 WICKHAM COURT
 LONGWOOD FL 32779**

2. Principal Place of Business

323 E Church Street

Suite, Apt. #, etc.

3. Mailing Address

323 E Church Street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3749013

Applied For

Not Applicable

Zip
32801

Country

Zip
32801

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LAMONTE, RICHARD A
 209 WICKHAM COURT
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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.

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 \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Richard A LaMonte**
 STREET ADDRESS **209 Wickham Court**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☒ Addition
 NAME **D Mitchell call**
 STREET ADDRESS **P.O. Box 292**
 CITY-ST-ZIP **ELLIJAY GA. 30546**

TITLE ☐ Change ☒ Addition
 NAME **D Crawford McConnell**
 STREET ADDRESS **5391 WHITER OAK RD.**
 CITY-ST-ZIP **Appling GA 32802**

TITLE ☐ Change ☒ Addition
 NAME **P.S. Glen S Herhaus**
 STREET ADDRESS **110 RIVER ISLES DR**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
 NAME **V.P.T. Thomas Kiehl**
 STREET ADDRESS **511 MARICOSA DR**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ 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:

Crawford McConnell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

706-823-9977

Daytime Phone #

CR2E034 (9/01)