

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91190 047 \*\*\*150.00

**DOCUMENT #** | **P01000121716**

**1. Entity Name**

**ROCK SOLID FOUNDATIONS, INC.**

**Principal Place of Business**

**PO BOX 885**  
**ELFERS FL 34680**

**Mailing Address**

**PO BOX 885**  
**ELFERS FL 34680**

**2. Principal Place of Business**

**2709 Hawk Roost Ct.**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Holiday, FL.**

**City & State**

**Zip**

**34691**

**Country**

**USA**

**Country**

**4. FEI Number**

**01-0577537**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**ESTIME, GILBERT**

**17454 SW 79 CT.**

**MIAMI FL 33157**

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

**Name**

**Kevin Adler**

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

**3349 Rock Royal Dr.**

**City**

**Holiday**

**FL**

**Zip Code**

**34691**

**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**

*Kevin Adler*

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** **P** ☐ Delete  
**NAME** **WALLACE, ROBERT**  
**STREET ADDRESS** **PO BOX 885**  
**CITY-ST-ZIP** **ELFERS FL 34680**

**TITLE** **V** ☐ Delete  
**NAME** **PETTITA, CHRISTOPHER W**  
**STREET ADDRESS** **PO BOX 885**  
**CITY-ST-ZIP** **ELFERS FL 34680**

**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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Christopher Pettita* **CEO** **1 May 02** **727-492-7340**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)