2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000001076

1. Entity Name ROTHROCK MARINE/BOATWORKS INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90299 013 ***150.00

Month Principal Place of Business 270 Bart Name 270 Ba				No.	7	
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City & State Ci	2. Principal Place of Business		3. Mailing Address			
City & State	Suite, Apt.	#, etc.	1 ' ' '		☐ CHECK HERE IF MAKING CHANGES	
Country	City & State				4. FEI Number 0423549 Applied For]
Name and Address of Current Registrered Agent Name and Address of New Registered Septem Name	Zip	Country	Zip	Country	_ \$8.75 Additional	1
Name		S. Name and Address of Courses	t Posistored Agent		Fee Required	┦-
### Applications of registered agent are time agent and store agent		6. Name and Address of Current	i Hegistered Agent	Name	7. Name and Address of New Registered Agent	1
SANFORD FL 32771 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the editigations of registered agent. SIGNATURE Till E MOWIT! FEE IS \$15,000 May Be Added to Fees	ROTHROC	CK, PHILLIP		Street Addres	(P.O. Box Number is Not Acceptable)	
City FL Zip Code	2790 BIT-	N-BRIDLE PLACE			(1.0. Sovindriable to total decoptable)	_
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent. The state of Florida agent. Filt Now!!! FEE IS \$150.00	SANFORD	FL 32771				
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## Atter May 1, 2003 Fee will be \$550,00 ## Added to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Agent signature req	quired when reinstating) DATE	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES 1.	After	May 1, 2003 Fee will be \$550.00				
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			th this filing does not qualify for		n Section 119 07/3/ii) Florida Statutas further certify that the information	4

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: