

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO2000005129**

1. Entity Name

**ROCOR INDUSTRIES, INCORPORATED**



**FILED**  
03 OCT -9 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**16405 WEST COLONIAL DRIVE**

3. Mailing Address  
**P.O. BOX 120355**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**OAKLAND, FLORIDA**

City & State  
**CLERMONT, FLORIDA**

4. FEI Number  
**80-0031300**

Applied For  
Not Applicable

Zip  
**34787**

Country  
**USA**

Zip  
**34712**

Country  
**USA**

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

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

Name **R. B. LANGLEY**

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

**16405 WEST COLONIAL DRIVE**

City **OAKLAND**

**FL** Zip Code  
**34787**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**President/director**

**10/06/2003**

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D R. B. LANGLEY 16405 W. COLONIAL DR. OAKLAND, FLORIDA 34787</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARY J MALEVER 16405 W. COLONIAL DR. OAKLAND, FLORIDA 34787</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400023670564 10/09/03--01067--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT C. BOYATT 16405 W. COLONIAL DR. OAKLAND, FLORIDA 34787</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**P/D**

**OCT. 6, 2003**

**4076548801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**ROCOR Industries, Inc.  
P. O. Box 120355  
Clermont, FL 34712**

October 6, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 6237  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the 2003 Uniform Business Report for ROCOR Industries, Inc. During a document search we discovered our corporation to be administratively dissolved due to a non-filing of our annual report.

We did not receive a notice from your agency requesting this report or notifying us of our dissolved status. Therefore, we ask that you accept this UBR as timely filed, reinstate the corporation and wave all penalties.

Should you have any further questions, please do not hesitate to call.

Respectfully,

Randall Langley, President  
ROCOR Industries, Inc.

enclosures