

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90138 038 \*\*\*150.00

**DOCUMENT #** P02000052857

**1. Entity Name**  
E.A. ROCK BOTTOM, INC.



**Principal Place of Business**  
17109 OLD AYERS ROAD  
BROOKSVILLE FL 34604

**Mailing Address**  
17109 OLD AYERS ROAD  
BROOKSVILLE FL 34604

**2. Principal Place of Business**  
15250 FLIGHT PATH DR.  
Suite, Apt. #, etc.

**3. Mailing Address**  
15250 FLIGHT PATH DR.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Brooksville, FL  
**Zip**  
34604  
**Country**  
Hernando

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**Zip**  
34604  
**Country**  
Hernando

**4. FEI Number**  
02-0633906

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761

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

**Name**  
Linda T. Russell  
**Street Address (P.O. Box Number is Not Acceptable)**  
15250 FLIGHT PATH DR.  
**City**  
Brooksville, FL  
**Zip Code**  
34604

**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** *Linda T. Russell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**  
4/14/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RUSSELL, LINDA T 17109 OLD AYERS ROAD BROOKSVILLE FL 34604	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
15250 FLIGHT PATH DR. Brooksville, FL 34604	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Linda T. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE**  
4/14/03  
**DAYTIME PHONE #**  
352 796 8767

CR2E034 (10/02)