## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000102983

1. Entity Name

NTR ROCK SAXON, INC.



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90501 026 \*\*\*150.00

**FILED** 

NIR ROC										
	ce of Business ORANGE AVENUE 32804	1600 NOR	Mailing Address 1600 NORTH ORANGE AVENUE ORLANDO FL 32804							
2. Principal P	Place of Business	3. Mailing	Address		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F					
		<u> </u>				54-207430			ot Applicable	1
Zip	Country	Zip		Country		ertificate of Status Desired	- L.J F	8.75 Add ee Require		
	6. Name and Address of Current I	Registered A	gent	Mana		ame and Address of New R	egistered A	gent	····	-
01444401.0	Name -	Name: And the second of the se								
SWANN & HADLEY, P.A. 1031 WEST MORSE BOULEVARD, SUITE 160				Street Address	ss (P.O. Bo	x Number is Not Acceptable	)			
	PARK FL 32789	-								
				City			FL	Zip Cod	ie	-
	named entity submits this statement for tions of registered agent.	the purpose	of changing its reg	istered office or regis	stered age	nt, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable	e. (NOTE: Reç	gistered Agent signature requ	uired when reir	nstating)	DATE		<del></del>	
F	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fir			O May Be	1
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Trust Fund Contribution			d to Fees	
10.	• OFFICERS AND	DIRECTORS		11.	ADD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1.
TITLE	D - (		☐ Delete	TITLE	•		7			Š
NAME	ZUCKERMAN, GREGG I			NAME						150
STREET ADDRESS CITY-ST-ZIP	1600 NORTH ORANGE AVENUE ORLANDO FL 32804			STREET ADDRESS CITY-ST-ZIP						1007
TITLE	D PRESIDENT		☐ Delete	TITLE		<del></del>		☐ Change	☐ Addition	1 6
NAME	MCGEE, THOMAS J			NAME						Ι,
STREET ADDRESS	1600 NORTH ORANGE AVENUE			STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32804			CITY-ST-ZIP						-
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	Lertify that the information supplied with	this filing doe	es not qualify for the		Section 1	19.07(3)(i). Florida Statutes	I further certi	fy that the i	nformation	Ì
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turtner 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 a frustee 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:

SIGNATURE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 898-022

CR2E034 (10/0