

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P02000107669

1. Entity Name

ROCKIN REEF, INC.



03 DEC 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

900025557709

12/17/03--01037--001 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6349 55th Avenue North

3. Mailing Address
6349 55th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEL Number

33-1024315

Applied For

Not Applicable

Zip
33709

Country
Pinellas

Zip
33709

Country
Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Jo-Ann Mathews

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

9333 Park Blvd 5A

City Seminole

FL

Zip Code
33777

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

Jo-Ann L Mathews

Signature of individual or authorized name 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

President
Longo, David
6349 55th Avenue North
St. Petersburg, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Becker, Thomas B.
6349 55th Avenue North
St. Petersburg, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-03

Date

Daytime Phone #

CR2E034B (12/02)

Just Taxes & Other Numbers

12300 Seminole Boulevard
Largo, Florida 33778
(727) 586-3663 Fax (727) 585-2303

December 10, 2003

Florida Division of Corporations
Annual Report Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Rockin Reef, Inc.

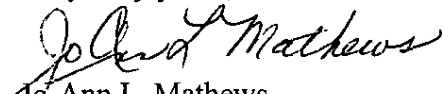
Gentlemen:

The above reference corporation incorporated in October, 2002. They were not familiar with corporation annual reports and did not receive any forms to file.

They have just brought a notice of Dissolution of their corporation into my office and did not understand why it was dissolved. For these reasons we ask that the reinstatement fee be waived and you accept the enclosed report and check for \$150.00 and reinstate their corporation.

We thank you for your anticipated cooperation.

Very truly yours,


Jo-Ann L. Mathews

JLM/s