

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90150 025 ***150.00

DOCUMENT # P02000108109	
1. Entity Name ROCK SOLID SURFACES, INC.	

Principal Place of Business 135 GRIFFIN DR BLDG 1 UNIT 135-137 COCOA FL 32926	Mailing Address PO BOX 560874 ROCKLEDGE FL 32956-0874
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2. Principal Place of Business 135 GRIFFIN DR Suite, Apt. #, etc. BLDG 8 UNITS 135-137 City & State COCOA FL Zip 32926 Country USA	3. Mailing Address Same as above Suite, Apt. #, etc. City & State Zip Country
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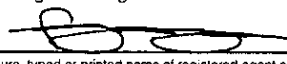


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 141850665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent GROGAN, FAITH C 135 GRIFFIN DR BLDG 1 UNIT 135-137 COCOA FL 32926	7. Name and Address of New Registered Agent Name GROGAN, FAITH C. Street Address (P.O. Box Number is Not Acceptable) 347 BROOKCREST CIRCLE City ROCKLEDGE FL Zip Code 32955
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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  FAITH C. GROGAN Pres/Sec/Dir 03-08-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GROGAN, FAITH C 347 BROOKCREST CR ROCKLEDGE FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GROGAN, FAITH C. 347 BROOKCREST CIRCLE ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GROGAN, PATRICK 347 BROOKCREST CR ROCKLEDGE FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GROGAN, PATRICK No change <input type="checkbox"/> Change <input type="checkbox"/> Addition GROGAN, PATRICK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D FARRELL, MICHAEL 993 WOODSMERE PRKWY ROCKLEDGE FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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:  03-08-03 (321)6338396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)