

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109972

1. Entity Name  
ROCK STEADY, INC.



**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**  
04-28-2003 90162 049 \*\*\*150.00

0358973  
AV

Principal Place of Business  
9705 N NEW RIVER CANAL ROAD #203  
PLANTATION FL 33324

Mailing Address  
9705 N NEW RIVER CANAL ROAD #203  
PLANTATION FL 33324



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
59-3765499

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ORR, JAMES R  
9705 N NEW RIVER CANAL ROAD #203  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           |  |
|----------------------------|----------------------------------|---------------------------------|---|---------------------------|--|
| TITLE                      | D                                | <input type="checkbox"/> Delete | TITLE   | DS                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ORR, RICHARD L                   |                                 | NAME  |                           |  |
| STREET ADDRESS             | 9705 N NEW RIVER CANAL ROAD #203 |                                 | STREET ADDRESS  | 815 SW 30th ST Apt K      |  |
| CITY-ST-ZIP                | PLANTATION FL 33324              |                                 | CITY-ST-ZIP   | Fort Lauderdale Fla 33315 |  |
| TITLE                      | D                                | <input type="checkbox"/> Delete | TITLE   | DP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ORR, JAMES T                     |                                 | NAME  |                           |  |
| STREET ADDRESS             | 9705 N NEW RIVER CANAL ROAD #203 |                                 | STREET ADDRESS  |                           |  |
| CITY-ST-ZIP                | PLANTATION FL 33324              |                                 | CITY-ST-ZIP   |                           |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  |                                 | NAME  |                           |  |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                           |  |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                           |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  |                                 | NAME  |                           |  |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                           |  |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                           |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  |                                 | NAME  |                           |  |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                           |  |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                           |  |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  |                                 | NAME  |                           |  |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                           |  |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                           |  |

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: Richard L. Orr 4-22-03 9545233453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)