

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90013 004 ***150.00

DOCUMENT # P93000030932

1. Entity Name
ROCKHOPPER SERVICES, INC.

Principal Place of Business

**8940 BUNKER HILL RD
 DUETTE FL 33834
 US**

Mailing Address

**P.O. BOX 437
 PARRISH FL 34219
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3182225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHOATE, J. DAVID
 5315 CLEVELAND ST.
 HOLLYWOOD FL 33021**

Name

LEWIS F COLLINS

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

8940 BUNKER HILL RD.

City

DUETTE

FL

Zip Code

33834

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.

SIGNATURE

LEWIS F COLLINS

LEWIS COLLINS, PRESIDENT

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **XSD** ☐ Delete
 NAME **CHOATE, J D**
 STREET ADDRESS **5315 CLEVELAND STR**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **XSD** ☐ Delete
 NAME **CHOATE, MURIEL**
 STREET ADDRESS **5315 CLEVELAND STR**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☐ Delete
 NAME **COLLINS, DEBORAH**
 STREET ADDRESS **1971 W LUMSDEN RD #170**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **VTS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8940 BUNKER HILL RD**
 CITY-ST-ZIP **DUETTE, FL 33834**

TITLE **P** ☐ Delete
 NAME **LEWIS, COLLINS**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **COLLINS, LEWIS**
 STREET ADDRESS **8940 BUNKER HILL RD.**
 CITY-ST-ZIP **DUETTE, FL 33834**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah C. Collins

DEBORAH COLLINS

4/27/01

(741) 776-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)