

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027092

1. Entity Name

ROCK - & - JOCK CAFE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90086 033 ***150.00

Principal Place of Business

Mailing Address

977 S FERDON BLVD
 CRESTVIEW FL 32536
 US

420 E PINE AVE
 CRESTVIEW FL 32539-2808

2. Principal Place of Business

3. Mailing Address

977 S. FERDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 CRESTVIEW, FL 32536

4. FEI Number

59-3394555

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRIS, DOODLE
 977 S FERDON BLVD
 CRESTVIEW FL 32536

Name

PETER J. BARTON

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

977 S. FERDON BLVD.

City

CRESTVIEW

FL

Zip Code
 32536

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

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVST
 HARRIS, GEORGE DANNA 'DOODLE'
 977 S FERDON BLVD
 CRESTVIEW FL 32536 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVST
 PETER J. BARTON
 977 S. FERDON BLVD.
 CRESTVIEW, FL 32536 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(850) 231-3700

Daytime Phone #

CR2E034 (9/99)