

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90010 042 ***550.00

DOCUMENT # P94000053337

1. Entity Name

ROCKY ROAD, INC.

Principal Place of Business

783 S. DEERFIELD AVE. 2345 Hillsboro Blvd #203
DEERFIELD BEACH FL 33442
US

Mailing Address

783 S. DEERFIELD AVE. 2345 Hillsboro Blvd #203
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

2345 W. Hillsboro Blvd
 Suite, Apt. #, etc.
#203

3. Mailing Address

2345 W. Hillsboro Blvd.
 Suite, Apt. #, etc.
#203

City & State

Deerfield Beach

City & State

Deerfield Beach

4. FEI Number

65-0511509

Applied For

Not Applicable

Zip

Country

33442

USA

Zip

Country

33442

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, CHARLES S JR
412 N.E. 4TH ST.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

N/A

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRUBER, DANIEL	
STREET ADDRESS	412 NE 4TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JONES, OLE	
STREET ADDRESS	412 NE 4TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GRUBER, GLENN	
STREET ADDRESS	412 NE 4TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00
 Date

904.422.5266
 Daytime Phone #

CR2E034 (5/00)