

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90247 023 ***150.00

DOCUMENT # **P94000090010**

1. Entity Name
RORABAUGH INVESTMENTS, INC.



Principal Place of Business
**1060 S. STATE RD. 7
HOLLYWOOD FL 33023**

Mailing Address
**SOUTH BROWARD ACCOUNTING SRVC
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES FL 33024**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0541054**

Applic
Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Addition:
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RORABAUGH, KENNETH P
1060 S. STATE RD. 7
HOLLYWOOD FL 33023**

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 the obligations of registered agent.

SIGNATURE

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. **\$5.00** M
Added to F

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
	RORABAUGH, KENNETH	1060 S. STATE RD. 7	HOLLYWOOD FL 33023						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
	RORABAUGH, PAULINE	1060 S STATE ROAD 7	HOLLYWOOD FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth Rorabaugh* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 954963388

Date

Daytime Phone #