## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9700001205 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** ROCKLEDGE DESIGN STUDIOS, INC. 01-12-2000 90052 040 \*\*\*150.00 Mailing Address Principal Place of Business 214 FLORIDA AVE 214 FLORIDA AVE COCOA FL 32922-7926 COCOA FL 32922 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3419200 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \_\_\_\_\_\_ - ... <del>- .</del> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, JAMES M Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD. MELBOURNE FL 32901 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE GARBOTZ, FRED NAME STREET ADDRESS STREET ADDRESS 2220 S. FRONT STREET CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete ☐ Change ☐ Addition TIT! F TITLE PACIFICO, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 151 RIVERSIDE DRIVE CITY-ST-7IP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Change Addition ☐ Delete TITLE TITLE NAME GARBOTZ, JOANNE NAME STREET ADDRESS STREET ADDRESS 2220 S. FRONT STREET CITY-ST-7IF CITY-ST-ZIP MELBOURNE FL 32901 Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE . Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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