

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90001-049 \$150.00-\$150.00
FILED

0128663
AT

DOCUMENT # **P97000001205**

1. Entity Name
ROCKLEDGE DESIGN STUDIOS, INC.



03 OCT 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500023795145
10/14/03--01063--007 **400.00



REINSTATEMENT
CHECK HERE IF MAKING CHANGES 03

Principal Place of Business
150 N WILSON AVE
COCOA FL 32922
US

Mailing Address
150 N WILSON AVE
COCOA FL 32922
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3419200**

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

O'BRIEN, JAMES M
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

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 accept 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 \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **GARBOTZ, FRED**
STREET ADDRESS **3875 SAVANNAHS TR.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D**
NAME **PACIFICO, PATRICK**
STREET ADDRESS **4850 OCEAN BCH BLVD**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** Delete
NAME **GARBOTZ, JOANNE**
STREET ADDRESS **3875 SAVANNAHS TR.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition

NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition

NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition

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TITLE Change Addition

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CITY-ST-ZIP _____

TITLE Change Addition

NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition

NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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 11 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

9-8-03

321-631-0121

Date

Daytime Phone #

CFR2E034 (4/03)

211015