2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000015080 DOCUMENT

1. Entity Name



FILED Jan 10, 2003 8:00 am Secretary of State

01 10 2003 00204 030 ***150 00

DENNIS ROCKWELL, INC.					01-10-2	2003 90204 030	130.00
7359 PANACHE WAY			iling Address COMPUKEEPER INC 46 NW 2ND AVE 105 CA RATON FL 33432				
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State Boca Raton, FL		City & State	City & State		4. FEI Number 65-0728	6501/28242	
Zip 33434	Country	Zip	Cou	intry	5. Certificate of Status Desi		Not Applicable 5 Additional equired
***************************************	6. Name and Addres	s of Current Registered Ager	ıt		7. Name and Address of N		cquired
ROCKWELL, DENNIS 7359 PANACHE (WAY BOCA RATON FL 33434				Name Street Address	(P.O. Box Number is Not Accep	otable)	
				City	·	FL Zi	o Code
8. The above	e named entity submits this tions of registered agent.	statement for the purpose of o	changing its register	red office or registe	red agent, or both, in the State		with, and accept
SIGNATURE		registered agent and title if applicable.	(NOTE: Registers	ed Agent signature required	d when (einstation)	DATE	
🧦 Afte	FILE NOW!!! FEE IS \$ ir May 1, 2003 Fee will b k Payable to Florida De	pe \$550.00			9. Election Campaig	n Financing	\$5.00 May Be Added to Fees
10.	OFF	FICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DIREC	CTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWELL, DENNIS 7178 MELBOURNE LA BOCA RATON FL 334:	NE	Delete TITL NAM	AE BET ADDRESS ACT 70 73.	ckwell, Dennis 59 Panache Way ca Raton, FL 334	Ç X Cr	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E	, , , , , , , , , , , , , , , , , , , ,	□ Сһ	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP				J.		□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						□ Chi	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Cha	inge Addition
TITLE							

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 AND TYPED OR DIRECTOR

561-620-0807

Date

1/7/03

Daytime Phone #