FILED

2001 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

SIGNATURE:

PICK CONTCHER

May 14, 2001 8:00 am DOCUMENT # P97000043613 Secretary of State ROCKY TOP TENNIS, INC. 05-14-2001 90093 003 ***150.00 Principal Place of Business Mailing Address 4788 N CITUTION DR 4788 N CITUTION DR DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address 995 SULL 13M DEIVE 995 SWISH DEWE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0754302 BOCK BATOL BOCK PATON, FI Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired スプィイレ Fee Required くろん みとし 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUTCHER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4788 N CITUTION DR 106 **DELRAY BEACH FL 33445** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. CR2E034 (10/00) ☐ Change Addition ☐ Delete TITLE CENTENCE, EXCUARDO CRUTCHER, RICHARD NAME 995 SUL 13th DR STREET ADDRESS STREET ADDRESS 1200 SW 13TH AVENUE BOXA ROSTON, FL 33466 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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