

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90064 020 ***150.00

DOCUMENT # P97000055104

1. Entity Name

ROCKY TOP, INC.

Principal Place of Business

Mailing Address

510 CLAYTON CIRCLE 1586 AUBURN OAKS CT. WINTER HAVEN FL 33880
510 CLAYTON CIRCLE 1586 AUBURN OAKS COOK AUBURNDALE, FL 33823



2. Principal Place of Business

3. Mailing Address

1586 AUBURN OAKS CT. 1586 AUBURN OAKS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AUBURNDALE, FL

City & State

AUBURNDALE, FL

4. FEI Number

53-9453609

Applied For

Not Applicable

Zip

33823-2073

Country

POLK

Zip

33823-2037

Country

POLK

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

BEACH, ROBERT B
510 CLAYTON CIRCLE
WINTER HAVEN FL 33880

Name

MICHAEL S. MCKOWN

Street Address (P.O. Box Number is Not Acceptable)

1586 AUBURN OAKS CT.

City

AUBURNDALE

FL

Zip Code

33823-2037

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKOWN, MICHAEL S 206 VAN FLEET BLVD AUBURNDALE FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MCKOWN, MICHAEL S. 1586 AUBURN OAKS CT. AUBURNDALE, FL 33823-2037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKOWN, MICHAEL S 510 CLAYTON CIRCLE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael S. McKown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-02
 Date

863 287-2899
 Daytime Phone #

CR2E034 (9/01)