

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099401

1. Entity Name

ROCKY'S, INC.

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90088 033 \*\*\*150.00

Principal Place of Business

11026 POINT NELLIE DRIVE  
CLERMONT FL 34711-8662

Mailing Address

11026 POINT NELLIE DRIVE  
CLERMONT FL 34711-8663

2. Principal Place of Business

11026 Point Nellie Dr

Suite, Apt. #, etc.

3. Mailing Address

11026 Point Nellie dr

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

4. FEI Number

59-3479675

Applied For

Not Applicable

Zip

Country

34711 8662

Zip

Country

34711 8662

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

PARTINGTON, RALPH E  
11025 POINT NELLIE DRIVE  
CLERMONT FL 34711-8662

Name

Partington Ralph E

Street Address (R.F. Box Number is Not Acceptable)

11026 Point Nellie Dr

City

Clermont

FL

Zip Code

34711 8662

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

Ralph E Partington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/00

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, 2000 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 PARTINGTON, RALPH 11025 POINT NELLIE DR CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ralph E Partington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

CR2E034 (9/99)