

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90071 001 ***158.75

DOCUMENT # P98000005398

1. Entity Name

ROCKY COLA ENTERPRISES, INC.

Principal Place of Business

1040 E. UNIVERSITY AVENUE
GAINESVILLE FL 32607

Mailing Address

1040 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601-5616
US

2. Principal Place of Business

1040 E. University Ave.
Suite, Apt. #, etc.

3. Mailing Address

1040 E. University Ave.
Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

U.S.A.

Zip

32601

Country

U.S.A.

4. FEI Number

59-3396719

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAU, VICKY
4310 SW 20TH AVENUE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name: LUU, VICKY
Street Address (P.O. Box Number is Not Acceptable): 1040 E. University Ave.
City: Gainesville, FL Zip Code: 32601

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, 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

TITLE: D
NAME: HUANG, KUN
STREET ADDRESS: 1040 E UNIVERSITY AVE.
CITY-ST-ZIP: GAINESVILLE FL 32601 ☐ Delete

TITLE: VS
NAME: LUU, VICKY
STREET ADDRESS: 1040 E UNIVERSITY AVE
CITY-ST-ZIP: GAINESVILLE FL 32601 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SHANG KUN HUANG** 4/15/00 352-336-8892
Date: Daytime Phone #