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	Mailing Address
1040 E. UNIVERSITY AVENUE GAINESVILLE FL 32607	1040 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5616 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1040 E. University Ave.	1040 E. University Ave.
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
LAU, VICKY 4310 SW 20TH AVENUE GAINESVILLE FL 32607	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: Vicky Luu — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D HUANG, KUN 1040 E UNIVERSITY AVE. GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LUU, VICKY 1040 E UNIVERSITY AVE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE OF DIRECKun HUANG 4/15/00 352-336-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #