

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90199 023 ***150.00

DOCUMENT # P98000068451

1. Entity Name
ROKEN DEVELOPMENT, INC.



Principal Place of Business
**4903 RICHLAND CT.
TAMPA FL 33647**

Mailing Address
**4903 RICHLAND CT.
TAMPA FL 33647**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6058 N. Sultana Ter.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Beverly Hills, FL

4. FEI Number **59-3536129**

Applied For
Not Applicable

Zip Country

Zip Country
34465

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, THOMAS E
6058 N. SULRANA TERR
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name **Kennedy, Thomas E**
Street Address (P.O. Box Number is Not Acceptable)
6058 N. Sultana Ter
Beverly Hills
City **Beverly Hills** FL Zip Code **34465**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas E Kennedy

2/11/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ARNOLD	
STREET ADDRESS	15350 AMBERLY DR #3321	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KENNEDY, THOMAS E	
STREET ADDRESS	6058 N. SULTANA TER.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

352-746-2825

Daytime Phone #

CR2E034 (10/02)