

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000070980

1. Entity Name

ROCK TRAVEL, INC.

**FILED****Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90076 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3001 ALOMA AVE.,  
WINTER PARK, FL  
32792

2. Principal Place of Business

3. Mailing Address

3001 ALOMA AVENUE

3001 ALOMA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

226

226

City &amp; State

City &amp; State

WINTER PARK, FL

WINTER PARK, FL

Zip

Country

Zip

Country

32792

USA

32792

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3533773

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENNY ROCK  
3001 ALOMA AVENUE,  
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

JENNY ROCK

4/19/00

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

ii.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Change☐ AdditionPRESIDENT  
JENNY ROCK  
3001 ALOMA AVENUE #226  
WINTER PARK, FL 32792

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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 I am empowered.

SIGNATURE:

JENNY ROCK, PRESIDENT

4/19/2000 (407) 679 6055

Date

Daytime Phone #

CR2E034 (9/99)