

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092945

1. Entity Name

ROCK GROVE INVESTIGATIONS, INC.

Principal Place of Business **Rock Grove Investigations, Inc.**
P.O. Box 47387
Tampa, FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Rock Grove Investigations, Inc.

P.O. Box 47387

City & State

Tampa, FL 33647

Zip

Country

Zip

Country

4. FEI Number **59-3539875**

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

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

Name

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

City

FL

Zip Code

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] **Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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, 2001 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 ☐ Delete
NAME **P**
STREET ADDRESS **CORR, PATRICK J**
CITY-ST-ZIP **P.O. BOX 8023**
MADEIRA BEACH FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]

Date

1/12/01

Daytime Phone #

(813) 979-7664

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90002 035 ***150.00

800666



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)