

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90001 044 ***150.00

DOCUMENT # P98000101390

Entity Name

ROCK ON ENTERTAINMENT, INC.

Principal Place of Business

DELTONA BLVD.
D
DELTONA FL 32739

Mailing Address

P.O. BOX 390146
DELTONA FL 32725-2810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

671 S. GOLDEN ROD RD
 Suite, Apt. #, etc.

3. Mailing Address

671 S. GOLDEN ROD RD.
 Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

4. FEI Number

59-3546072

Applied For

Not Applicable

Zip

32822

Country

ORANGE

Zip

32822

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ORLANDO
1676 PROVIDENCE BLVD., SUITE A
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name **ORTIZ, ORLANDO**

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

671 S. GOLDEN ROD RD

City **ORLANDO**

FL

Zip Code **32822**

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	<input type="checkbox"/> Delete
NAME	ORTIZ, ORLANDO	
STREET ADDRESS	P.O. BOX 390146 N/A	
CITY-ST-ZIP	DELTONA FL 32739	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, SUSAN	
STREET ADDRESS	P.O. BOX 390146 N/A	
CITY-ST-ZIP	DELTONA FL 32739	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ORTIZ, ORLANDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, ORLANDO	
STREET ADDRESS	671 S. GOLDEN ROD RD.	
CITY-ST-ZIP	ORLANDO, FL. 32822	
TITLE	ORTIZ, SUSAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, SUSAN	
STREET ADDRESS	671 S. GOLDEN ROD RD	
CITY-ST-ZIP	ORLANDO, FL. 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-00
 Date

407 282-8402
 Daytime Phone #

CR2E034 (9/99)