

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-09-2003 90038 019 \*\*\*150.00  
P98000108025

0134278 AT

DOCUMENT # P98000108025

1. Entity Name  
ROCKGLEN COMPANY



FILED

03 JUL 24 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9607 ROCKGLEN DR.  
THONOTOSASSA FL 33592

Mailing Address  
9607 ROCKGLEN DR.  
THONOTOSASSA FL 33592

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0889144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JONES, MARSHALL E  
9607 ROCKGLEN DR.  
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME JONES, MARSHALL E  
STREET ADDRESS 9607 ROCKGLEN DR.  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

W. Marshall E. Jones 7/1/03 813 986 2391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (4/03)

# **ROCKGLEN COMPANY**

**813.986.2391 Ph**

**813.986.8152 Fax**

Florida Department of State  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, Florida 32302-1500

July 21, 2003

Ref: P98000108025

To whom it may concern;

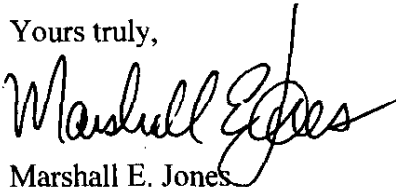
We are receipt of your letter dated July 7, 2003.

On July 7, 2003, we followed what we felt were the proper guidelines with regard to waiving the \$ 400.00 late fee by attaching a letter per the directions in the questions and answer section of your notice.

Will you please waive the \$ 400.00 dollar late fee, because we failed to receive the prior notice. A late fee of this magnitude is onerous to a small company such as ours and a major hit on our revenues in these hard times.

Your consideration in this matter will be greatly appreciated.

Yours truly,



Marshall E. Jones  
President

**9607 Rockglen Drive  
Thonotosassa, Florida 33592-2401**

**ROCKGLEN COMPANY**

813.986.2391 Ph  
813.986.8152 Fax

Florida Department of State  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, Florida 32302-1500

July 7, 2003

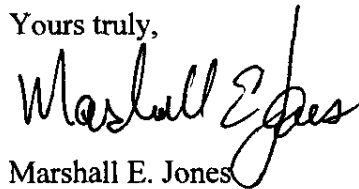
Ref: P98000108025

To whom it may concern;

We failed to receive the UBR Report form prior to this notice and respectfully request that you waive the \$ 400.00 late penalty in this case.

Please find a check for the filing fee of \$ 150.00 enclosed.

Yours truly,



Marshall E. Jones  
President

*This is a copy of the letter  
ATTACHED WITH THE \$150.00  
Filing Fee and dated July 7, 2003.*