

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90397 032 ***150.00

DOCUMENT # P99000002487

1. Entity Name

ROCK-N-SAND INC.

Principal Place of Business

4631 NW 31ST AVE. S-206
 FT. LAUDERDALE FL 33309

Mailing Address

4631 NW 31ST AVE. S-206
 FT. LAUDERDALE FL 33309

2. Principal Place of Business

125 NE 30th Ct

Suite, Apt. #, etc.

3. Mailing Address

125 NE 30th Ct

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

Wilton Manors FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-0905078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCDANIEL, MILTON L
 4631 NW 31ST AVE, S-206
 FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **Milton L. McDaniel**

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

125 NE 30th Ct

City **Wilton Manors**

FL

Zip Code

33334

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 filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

TITLE **D** ☐ Delete
 NAME **MCDANIEL, MILTON L**
 STREET ADDRESS **125 NE 30 CT.**
 CITY-ST-ZIP **WILTON MANORS FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

956-610-2564

CR2E034 (10/00)