

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**  
 02-13-2000 90010 052 \*\*\*150.00

**DOCUMENT # P99000015509**

1. Entity Name

**ROCK METAL BALUSTRADE DESIGNS, INC.**

Principal Place of Business

Mailing Address

6519 ROCK CREEK DRIVE  
 LAKE WORTH FL 33467

6519 ROCK CREEK DRIVE  
 LAKE WORTH FL 33467-6814

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

65-08 96101

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

YEEND, JOHN M  
 1109 SOUTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33406

Name

HOLLY ROCK

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

6519 ROCK CREEK DR.

City

LAKE WORTH

FL

Zip Code

33467

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

*Holly Rock*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME ROCK, ROGER  
 STREET ADDRESS 6519 ROCK CREEK DRIVE  
 CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE VP  
 NAME WHITE, GREGORY  
 STREET ADDRESS 6519 ROCK CREEK DRIVE  
 CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE TSD  
 NAME ROCK, HOLLY  
 STREET ADDRESS 6519 ROCK CREEK DRIVE  
 CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Delete

TITLE P.S.D.  
 NAME DIANE GRIMLEY  
 STREET ADDRESS 147 N. HAVENHILL RD  
 CITY-ST-ZIP WEST PALM BEACH, FL 33415 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

*Holly Rock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

561-434-2117

Daytime Phone #

CR2E034 (9/99)