# 2000 UNIFORM BUSINESS REPORT (UBR) Amended

FILED

00 AUG -4 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015509 (Corp #)

1. Entity Name
ROCK METAL BALUSTRADE DESIGNS, INC.

Principal Place of Business
6519 ROCK CREEK DR.
LAKE WORTH
FL. 33467 USA

Mailing Address
6519 ROCK CREEK DR.
LAKE WORTH
FL. 33467 USA

7/7/00 90395 1027 $61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0896101 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YEEND, JOHN M.
1100 SOUTH CONGRESS AVE.
WEST PALM BEACH,
FL. 33406

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.

SIGNATURE JOHN YEEND N/Applicable DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

PLEASE NOW! FEE IS $150.00
Effective MAY 1, 2000 Fee will be $150.00
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 | PRES. |
| NAME | ROGER R. ROCK ☒ Delete |
| STREET ADDRESS | 6519 ROCK CREEK DR. |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | V.P. |
| NAME | WHITE, GREGORY ☐ Delete |
| STREET ADDRESS | 6519 ROCK CREEK DR. |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | SECY. TREAS. |
| NAME | DIANE GRIMLEY ☐ Delete |
| STREET ADDRESS | 147 N. HAVERHILL |
| CITY-ST-ZIP | WEST PALM BEACH, FL. |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE | PRESIDENT ☒ Change ☐ Addition |
| NAME | HOLLY L. ROCK |
| STREET ADDRESS | 6519 ROCK CREEK DR. |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: ROGER R. ROCK 6-30-00 561-434-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/13