

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90180 010 ***150.00

DOCUMENT # P99000046652

1. Entity Name

ROOKIES OF ST. LUCIE WEST, INC.

Principal Place of Business

1601 WALTONLAKES DRIVE
APARTMENT 1
PORT ST. LUCIE FL 34952

Mailing Address

1601 WALTONLAKES DRIVE
APARTMENT 1
PORT ST. LUCIE FL 34952-5107

2. Principal Place of Business

1926 S.W. Idaho Ln
Suite, Apt. #, etc.

3. Mailing Address

1926 S.W. Idaho Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St Lucie FL
Zip 34953 Country USACity & State
Port St, Lucie, FL
Zip 34953 Country USA

4. FEI Number

65-0922066

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ERNIE
1601 WALTONLAKES DRIVE
APARTMENT 1
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
Ernie Perez
Street Address (P.O. Box Number is Not Acceptable)1926 S.W. Idaho Lane
City Port St. Lucie FL Zip Code 34953

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

Ernie Perez

Ernie Perez

4/24/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEREZ, ERNIE
STREET ADDRESS 1601 WALTONLAKES DRIVE, APT. 1
CITY-ST-ZIP PORT ST. LUCIE FL 34952TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME Ernie Perez
STREET ADDRESS 1926 S.W. Idaho Ln
CITY-ST-ZIP Port St. Lucie, FL 34953TITLE V/T/S ☐ Change ☒ Addition
NAME Kathleen Perez
STREET ADDRESS 1926 S.W. Idaho Ln
CITY-ST-ZIP Port St. Lucie, FL 34953TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Ernie Perez

Ernie Perez

4/24/00

561-873-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #