

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 028 ***150.00

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1. Entity Name

ROCK BOTTOM APPAREL, INC.



Principal Place of Business

2169 10TH ST.
SARASOTA FL 34235

Mailing Address

4853 SANDY POINTE CT
SARASOTA FL 34233

90041000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2169 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

4. FEI Number

59-3590468

Applied For

Not Applicable

Zip

34237

Country

Zip

34237

Country

USA

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

MINTZ, SCOTT
4853 SANDY POINTE COURT
SARASOTA FL 34233

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

Scott E. Mintz

Signature, typed or printed name of registered agent and State of Florida.

(NOTE: Registered Agent signature required when not submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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 PD ☐ Delete
NAME MINTZ, SCOTT E
STREET ADDRESS 4853 SANDY POINTE COURT
CITY-ST-ZIP SARASOTA FL 34233

TITLE STD ☐ Delete
NAME MINTZ, JOY
STREET ADDRESS 4853 SANDY POINTE COURT
CITY-ST-ZIP SARASOTA FL 34233

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
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

Scott E. Mintz

SCOTT E. MINTZ

2/18/08

941-365-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #