2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60940

1. Entity Name

ROCKWELL ENTERPRISES, INC.

Amended

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 22 PM 12:33

Principal Place of Business	Mailing Address
5927 17 ST E UNIT CO BRADENTON FL 34202 US	P O BOX 1235 ONECO FL 34264 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 34203 Country	Zip Country

4. FEI Number 65-0265774 ☐ 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
ROCKWELL THOMAS J. 23004 71ST AVE E BRADENTON FL 34202	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 _____ DATE
Signature, typed or printed name of registered agent and date 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) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROCKWELL, THOMAS J. 23004 71ST AVE E BRADENTON FL	☐ Delete	V.P. Joshua D. Wynne 2595 Feiffer Circle Sarasota, FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAGEN, MARLEN J PO BOX 1235 ONECO FL	☒ Delete	VP Scott Helmich 4809 Ft Hammer Rd Parrish FL 34219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLARK, JOHN 5981 JIM DAVIS ROAD PARRISH FL 34219	☒ Delete	900004435539--5 -06/21/01--01083--001 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (1/00)

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: Tom Rockwell Tom Rockwell 4/29/01 941 752 1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #