

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90014 004 \*\*\*150.00

**DOCUMENT # S63181**

1. Entity Name  
**ROCKLEDGE MARKETING CORPORATION**

Principal Place of Business

**2300 TREASURE ISLE DR  
A-79  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**2300 TREASURE ISLE DR  
A-79  
PALM BEACH GARDENS FL 33410  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**409 Southwind DR  
Suite, Apt. #, etc.  
A-3**

**409 Southwind DR  
Suite, Apt. #, etc.  
A-3**

City & State

City & State

**N. Palm Beach, FL**

**N. Palm Beach FL**

Zip

Country

Zip

Country

**33408**

**PAIm Beach**

**33408**

**PAIm Beach**

4. FEI Number **59-3077588**

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

**GARBER, FRANK G  
2300 TREASURE ISLE DR A-79  
WEST PALM BEACH FL 33410**

Name

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

**409 Southwind DR  
A-3**

City

**N. Palm Beach**

FL

Zip Code

**33408**

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

*[Signature]*

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, 2002 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 **D**  
NAME **GARBER, FRANK GERRING** ☐ Delete  
STREET ADDRESS **2300 TREASURE ISLE DR A-79**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **V. President**  
NAME **Stacy L. Johnson** ☒ Change ☒ Addition  
STREET ADDRESS **111 Cypress Point DR**  
CITY-ST-ZIP **Palm Beach Garden FL 33418**

TITLE **VP**  
NAME **RAHAL, MICHELLE** ☒ Delete  
STREET ADDRESS **9128 CHIMNEY RIDGE TRAIL**  
CITY-ST-ZIP **CHARLOTTE NC 28269**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 officers like empowered.

SIGNATURE:

*[Signature]*  
**FRANK G. GARBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02**

**561-882-0072**

Date

Daytime Phone #

CR2E034 (9/01)