

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90023 041 ***150.00

DOCUMENT # S87432

1. Entity Name

RO-CON SERVICES, INC.

Principal Place of Business

**65 E MAIN STREET
APOPKA FL 32703
US**

Mailing Address

**P. O. BOX 762
APOPKA FL 32704-7762**

2. Principal Place of Business

675 White Tail Loop

3. Mailing Address

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3091462

Applied For

Not Applicable

Zip

32712

Country

US

Zip

32712

Country

US

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

**STOCKER, DENNIS N.
675 WHITE TAIL LOOP
APOPKA FL 32712**

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

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, 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 **PD** ☐ Delete
NAME **STOCKER, DENNIS N.**
STREET ADDRESS **675 WHITE TAIL LOOP**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **ST** ☐ Delete
NAME **STOCKER, ROSA LEE**
STREET ADDRESS **675 WHITE TAIL LOOP**
CITY-ST-ZIP **APOPKA FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis N. Stocker 3/5/01 407-884-0097

CP2E034 (10/00)