

AMENDED 2002.9

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98595

1. Entity Name

NEW FLOROCK COMPANY, INC.

FILED

02 JUL 11 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700006664807--5

-07/25/02--01058--004

*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

429 N. Orange Blossom Tr.

3. Mailing Address

429 N. Orange Blossom Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 568394

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3095320

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Stone, Stephen M.

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

725 N. Magnolia Avenue

City

Orlando

FL

Zip Code

32803

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Cox, Bobby 429 N. Orange Blossom Trail Orlando, FL 32805	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/S/T Banton, Jim 429 N. Orange Blossom Trail Orlando, FL 32805	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Walk, Nancy S. 429 N. Orange Blossom Trail Orlando, FL 32805	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Walk, Mitchell B. 429 N. Orange Blossom Trail Orlando, FL 32805	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby Cox, President

Date

Daytime Phone #

✓ 7-10-02 ✓ 321-303-0515

CR2E034B (12/01)