## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 11, 2000 8:00 am Secretary of State **DOCUMENT # V18875** 1. Entity Name ROCKLAND LEASING CORP. 05-11-2000 90327 028 \*\*\*150.00 Principal Place of Business Mailing Address 5913 GEORGIA AVENUE 5913 GEORGIA AVENUE WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-3715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0332158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEERMANCE. TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 5913 GEORGIA AVENUE WEST PALM BEACH FL 33405 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Defete TITLE ☐ Change Addition HEERMANCE, TIMOTHY NAME NAME 5913 GEORGIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WEST PALM BCH FL ☐ Change Addition ☐ Delete TITLE ШЕ HEERMANCE, RHONDA NAME 5913 GEORGIA AVE STREET ADDRESS SIBER, ADDRESS CITY-ST-ZIP CT - 719 WEST PALM BCH FL ☐ Delete \_\_\_\_Change ☐ Addition THE TITLE NAME STREET ADDRESS ...... anness CITY-ST-ZIP ST ZIP ☐ Delete Change Addition TITLE NAME ADDRESS STREET ADDRESS CITY-ST-7IP ST-ZIP ☐ Change □ Delete TITLE Addition NAME STREET ADDRESS 1077253 ST ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition ADDRESS STREET ADDRESS CITY-ST-ZIP 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 propowered.