

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State
 07-14-2000 90004 023 ***150.00

DOCUMENT # F27228

1. Entity Name
ROCHE SURETY AND CASUALTY COMPANY, INC.

Principal Place of Business
**1910 ORIENT RD
 TAMPA FL 33619
 US**

Mailing Address
**1910 ORIENT RD
 TAMPA FL 33619
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2136562** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ, WALTER M. J
 1910 ORIENT RD
 TAMPA FL 33619**

7. Name and Address of New Registered Agent
 Name **Gilbert M. Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
1910 Orient rd
 City **Tampa** FL Zip Code **33619**

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 title 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROCHE, ARMANDO O. 1910 ORIENT RD TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROCHE, LINDA J. 1910 ORIENT RD TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RODRIGUEZ, GILBERT 1910 ORIENT RD TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, WALTER M. 1910 ORIENT RD TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARR INGTON, FRED 2302 VILLAGE GREEN BL PLANT CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Barbon 2602 E. 111th Ave Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Pollock 1507 Foxhill Pl Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fred Carrington 619 Turner St. Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: *Eduardo Rodriguez* **Eduardo Rodriguez** **7/10/00** **813-623-5092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

F27228

ACCOUNT



July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find a check for \$150.00 in compliance with the first notice sent to Roche Surety & Casualty Co., Inc. that, unfortunately, was never received. Please take into consideration our immediate response and our immediate actions to the second notice. We apologize for any inconvenience that we may have caused.

If you have any questions or concerns, please call me at (813) 623-5042.

Sincerely,

Edward R. Diliberto
Controller