

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90069 015 ***150.00

DOCUMENT # P95000073464

1. Entity Name
RICHARD J. ROACH, JR., P.A.

Principal Place of Business 7239 GALLOWAY RD BROOKSVILLE FL 34613 US	Mailing Address 7239 GALLOWAY RD BROOKSVILLE FL 34613 US
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2. Principal Place of Business 5034 WILLOW OAK LANE Suite, Apt. #, etc.	3. Mailing Address 5034 WILLOW OAK LANE Suite, Apt. #, etc.
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City & State SPRING HILL, FL	City & State SPRING HILL, FL	4. FEI Number 59-3339603	Applied For <input type="checkbox"/> Not Applicable
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Zip 34607	Country	Zip 34607	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROACH, RICHARD J JR
7239 GALLOWAY RD
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent
 Name
ROACH, JR., RICHARD J.
 Street Address (P.O. Box Number is Not Acceptable)
5034 WILLOW OAK LANE
 City
SPRING HILL **FL** Zip Code
34607

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: *Richard J Roach Jr* DATE: *4/2/2001*
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROACH, RICHARD J JR. 7239 GALLOWAY RD BROOKSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	D/P/S/T ROACH, JR., RICHARD J. 5034 WILLOW OAK LANE SPRING HILL, FL 34607 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Richard J Roach Jr* RICHARD J. ROACH, JR. DATE: *4/2/2001* 3526834820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C0041836



DO NOT WRITE IN THIS SPACE

CFR2E034 (10/00)