

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90076 022 \*\*\*150.00

**DOCUMENT # P95000092068**

1. Entity Name

**BIROCK ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**14900 GULF BLVD  
 MADEIRA BEACH FL 33708**

**P.O. BOX 67096  
 ST PETERSBURG FL 33736-7096**

**C0037829**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1033 MUSTANG CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FRANKLIN, IN**

City & State

4. FEI Number

**59-3359161**

Applied For

Not Applicable

Zip

**46131**

Country

**INDIAN**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROCHFORD, SHERRY  
 14900 GULF BLVD  
 #111  
 MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **SHERYL L. ROCHFORD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6983 BULWLEY TERRACE NORTH**  
 City **ST. PETERSBURG** FL Zip Code **33709**

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 *Sherry Rochford*  
 Signature by or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/09/2000**  
 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, 2000 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHFORD, DENNIS</b>		NAME	<b>DENNIS ROCHFORD</b>	
STREET ADDRESS	<b>14900 GULF BLVD., #111</b>		STREET ADDRESS	<b>1033 MUSTANG CT.</b>	
CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		CITY-ST-ZIP	<b>FRANKLIN, IN 46131</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHFORD, SHERRY</b>		NAME	<b>SHERYL ROCHFORD</b>	
STREET ADDRESS	<b>14900 GULF BLVD., 111</b>		STREET ADDRESS	<b>1033 MUSTANG CT.</b>	
CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708</b>		CITY-ST-ZIP	<b>FRANKLIN, IN 46131</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Sherry Rochford*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/09/2000** **317-346-0889**  
 Date Daytime Phone #

FORM 1004 (9/99)