

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90004 020 ***150.00

DOCUMENT # P98000005060

1. Entity Name

ROCHE BAIL BONDS, INC. *R*

Principal Place of Business

1906 ORIENT ROAD
 TAMPA FL 33619

Mailing Address

1906 ORIENT ROAD
 TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3490572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHE, ARMANDO O
 1906 ORIENT ROAD
 TAMPA FL 33619

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME ROCHE, ARMANDO O
 STREET ADDRESS 13130 FORT KING HWY.
 CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE Change Addition
 NAME
 STREET ADDRESS 12130 Fort King hwy
 CITY-ST-ZIP

TITLE Delete
 NAME ROCHE, LINDA
 STREET ADDRESS 13130 FORT KING HWY.
 CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE Change Addition
 NAME
 STREET ADDRESS 12130 Fort King hwy
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00
 Date

813-6235000
 Daytime Phone #

CR2E034 (5/00)

148000005060

A0067780

**ARMANDO ROCHE
ROCHE BAIL BONDS**

1906 ORIENT ROAD
TAMPA, FLORIDA 33619

(813) 623-3355

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 Bail Bonds 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