

2000 UNIFORM BUSINESS REPORT (UBR)

9/14/00-90014-001-\$550.00-\$550.00

DOCUMENT # P99000042701

1. Entity Name

DAVID K. DESROCHERS, INC.

FILED

00 SEP 29 AM 9:46

SECRETARY OF STATE
TALLahassee, FL 32301

Principal Place of Business

739 IBIS WAY
NORTH PALM BEACH FL

Mailing Address

739 IBIS WAY
NORTH PALM BEACH FL

2. Principal Place of Business 739 IBIS WAY
SAME NAB. FL 33408

3. Mailing Address 739 IBIS WAY
SAME NORTHPALMBEACH FL 33408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH FL

City & State

NORTH PALM BEACH FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

65-0935256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, T G
739 IBIS WAY
NORTH PALM BEACH FL

7. Name and Address of New Registered Agent

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

TITLE ~~PRESIDENT~~ ☐ Delete
NAME ~~DAVID K. DESROCHERS~~
STREET ADDRESS ~~SAME 739 IBIS WAY~~
CITY-ST-ZIP ~~NAB FL 33408~~

TITLE ☐ Delete
NAME ~~SAME~~
STREET ADDRESS ~~SAME~~
CITY-ST-ZIP ~~SAME~~

TITLE ☐ Delete
NAME ~~SECRETARY~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

TITLE ☐ Delete
NAME ~~DAVID K. DESROCHERS~~
STREET ADDRESS ~~739 IBIS WAY~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~

TITLE ☐ Delete
NAME ~~SECRETARY~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

TITLE ☐ Delete
NAME ~~TREASURER~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ~~SAME~~
STREET ADDRESS ~~SAME~~
CITY-ST-ZIP ~~SAME~~

TITLE ☐ Change ☐ Addition
NAME ~~SAME~~
STREET ADDRESS ~~SAME~~
CITY-ST-ZIP ~~SAME~~

TITLE ☐ Change ☐ Addition
NAME ~~SECRETARY~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

TITLE ☐ Change ☐ Addition
NAME ~~DAVID K. DESROCHERS~~
STREET ADDRESS ~~739 IBIS WAY~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~

TITLE ☐ Change ☐ Addition
NAME ~~SECRETARY~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

TITLE ☐ Change ☐ Addition
NAME ~~TREASURER~~
STREET ADDRESS ~~DAVID K. DESROCHERS~~
CITY-ST-ZIP ~~739 IBIS WAY~~

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 12, 2000 (56) 26 9043

Date

Daytime Phone #

CR2E034 (5/00)