2001 UNIFORM BUSINESS REPORT (UBR)

page 1st **DOCUMENT # 474926** 1. Entity Name R.L. LAROCHE, INC. FILED 01 JUL 26 PM 12: 15 Principal Place of Business Mailing Address 10235 W SAMPLE RD STE 207 10235 W SAMPLE RD STE 207 SECRETARY OF STATE PO BOX 9169 PO BOX 9169 TALLAHASSEE. FLORIDA CORAL SPRGS FL 33065 CORAL SPRGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1605289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILLESPIE & ALLISON Street Address (P.O. Box Number is Not Acceptable) 1515 S FEDERAL HWY STE 300 **BOCA RATON FL 33432** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This opporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Change ☐ Addition TITLE ☐ Delete LAROCHE, RONALD L NAME NAME STREET ADDRESS 501 S. OCEAN BLVD., SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAROCHE, RENEE L NAME NAME STREET ADDRESS 11846 W SAMPLE ROAD STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP à CORAL SPRINGS FL TITLE Delete TITLE NAME? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

Date



R.L. LA ROCHE, INC. • GENERAL CONTRACTORS

July 18, 2001

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

Gentlemen,

Attached are three 2001 Uniform Business Report Forms on two corporations that I am owner and president of. They are being filed late because all tax or government forms are turned over to our CPA upon receipt and then presented to me for signature monthly. This has been the procedure for the past 15 years.

On January 27th of this year, our CPA unexpectedly passed away and these forms just surfaced in a box of paperwork delivered to us by his widow. His name for confirmation was Elroy D. Miedema – Broward County.

I am hoping that this could be considered as an extenuating circumstance to grant relief on the \$400.00 penalty for late filing on each corporation.

I have included a payment of \$150.00 for each corporation with our request for waiver of the penalty.

Very truly yours,

Ronald L. LaRoche

President

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