

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90193 005 ***150.00

DOCUMENT # 516091

1. Entity Name
DARROCH INCORPORATED



Principal Place of Business
11883 HIGH TECH AVE
ORLANDO FL 32817
US

Mailing Address
3252 LAKEVIEW OAKS DR.
LONGWOOD FL 32779
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1698559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARROCH, D. GREGORY
3252 LAKEVIEW OAKS DRIVE
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DARROCH, D. GREGORY
3252 LAKEVIEW OAKS DR.
LONGWOOD FL 32779

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
DARROCH, ROBERT M.
2200 CENTURY PKWY NE 10TH FLOOR
ATLANTA GA

☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 516091 / 30018996

DARROCH, INC
D/B/A DOCKSIDE IMPORTS
11883 HIGH TECH AVENUE
ORLANDO, FL 32807
407-380-0444

Accounts Payable Remittance Advice

Check: 95201 Dated: 01/20/03

Vendor: DEPARTMENT OF STATE Account:

Page: 1

Invoice#	Inv Date	Inv Amt	Applied	Discount	Cr Memo	Payment
59-1698559 FEI: 59-1698559	01/20/03	150.00	150.00			150.00
Check Totals			150.00			150.00