

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583887

1. Entity Name

ROCHE' CONTRACTORS, INC.

Principal Place of Business

505 ST. PETERSBURG DRIVE
P.O. BOX 70
OLDSMAR FL 34677

Mailing Address

505 ST. PETERSBURG DRIVE
P.O. BOX 70
OLDSMAR FL 34677-0070

2. Principal Place of Business

ROCHE CONTRACTORS, INC.

Suite, Apt. #, etc.

210 DOUGLAS RD EAST#1

City & State

OLDSMAR, FL

Zip

34677

Country

PINELLAS

3. Mailing Address

ROCHE CONTRACTORS, INC.

Suite, Apt. #, etc.

P.O. BOX 70

City & State

OLDSMAR, FL

Zip

34677

Country

PINELLAS

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90142 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1842187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINK, RONALD A.
16218 WEST COURSE DRIVE
TAMPA FL 33624

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 \$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

TITLE PVS ☐ Delete

NAME FINK, RONALD A.
STREET ADDRESS 2203 W VINA DEL MAR
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE T ☐ Delete

NAME FINK, LINDA
STREET ADDRESS 2203 W VINA DEL MAR
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)