

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90109 038 ***150.00

DOCUMENT # F02000002151

1. Entity Name

ROC MORTGAGE SERVICES INC.



Principal Place of Business

3505 FRONTAGE ROAD, SUITE 130

TAMPA FL 33607

Mailing Address

3505 FRONTAGE ROAD, SUITE 130

TAMPA FL 33607

2. Principal Place of Business

3505 FRONTAGE RD

Suite, Apt. #, etc.

130

3. Mailing Address

3505 FRONTAGE RD

Suite, Apt. #, etc.

130

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33607

Country

HILLSBOROUGH

Zip

33607

Country

HILLSBOROUGH

4. FEI Number

52-2295843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAROCCA, THOMAS

4451 GULFSTREAM DRIVE

SPRING HILL FL 34607

7. Name and Address of New Registered Agent

Name

Thomas LaRocca

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

8708 PALISADES DRIVE

City

TAMPA

FL

Zip Code

33615

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

Thomas LaRocca

2/15/03

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

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

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **LAROCCA, PHILIP**
CITY-ST-ZIP **3505 FRONTAGE ROAD, SUITE 130**
TAMPA FL 33607

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **LAROCCA, PHILIP**
CITY-ST-ZIP **3505 FRONTAGE ROAD, SUITE 130**
TAMPA FL 33607

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

11. 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

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CITY-ST-ZIP

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

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:

Thomas LaRocca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03

813-288-8227

Date

Daytime Phone #

CR2E034 (10/02)