

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90055 005 ***150.00

DOCUMENT # F99000003767

1. Entity Name

ROY L. AACH AND ASSOCIATES, P.C.

Principal Place of Business

301 3RD STREET, NW
STE 216
WINTER HAVEN FL 33881

Mailing Address

301 3RD STREET, NW
STE 216
WINTER HAVEN FL 33881

2. Principal Place of Business

806 Oak Pond Dr.
Suite, Apt. #, etc.

3. Mailing Address

806 Oak Pond Dr.
Suite, Apt. #, etc.

City & State

Osprey, FL

Zip

34229

Country

City & State

Osprey, FL

Zip

34229

Country

4. FEI Number 43-1487231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AACH, ROY L
301 3RD ST., NW
STE 216
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

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

806 Oak Pond Dr.

City

Osprey

FL

Zip Code

34229

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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	AACH, ROY L	
STREET ADDRESS	308 S. LAKE MARIAM DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AACH, BEVERLY W	
STREET ADDRESS	308 S. LAKE MARIAM DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aach, Roy L	
STREET ADDRESS	806 Oak Pond Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aach, Beverly W	
STREET ADDRESS	806 Oak Pond Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy L. Aach ROY L. AACH

Date

2/23/01

Daytime Phone #

941-966-0220

CR2E034 (10/00)