

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90063 025 \*\*\*150.00

**DOCUMENT # G05343**

**1. Entity Name**  
**STORCH, INC.**

**Principal Place of Business**

~~407 SW 7TH TERRACE~~  
**BOCA RATON FL 33486**  
**US**

**Mailing Address**

**P O BOX 1325**  
**BOCA RATON FL 33429**  
**US**

**2. Principal Place of Business**

**601 SW 5th STREET**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-2224368**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STORCH, CLEMENS A., JR**

~~407 SW 7TH TERRACE~~

**BOCA RATON FL 33486**

**7. Name and Address of New Registered Agent**

Name

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

**601 S.W. 5th STREET**

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, 2002 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** ☐ Delete  
**NAME** **PSD STORCH, CLEMENS A JR**  
**STREET ADDRESS** ~~407 SW 7TH TERR~~  
**CITY-ST-ZIP** **BOCA RATON, FL 00000 33486**

**TITLE** ☐ Delete  
**NAME** **VT STORCH, PATRICIA L.**  
**STREET ADDRESS** ~~407 SW 7TH TERRACE~~  
**CITY-ST-ZIP** **BOCA RATON FL 33486**

**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** **601 S.W. 5th STREET**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **601 S.W. 5th STREET**  
**CITY-ST-ZIP**

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

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**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:**

*Clemens A. Storch, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLEMENS A. STORCH, JR**  
**PRESIDENT**

Date

Daytime Phone #

**561-368-8003**  
**1/7/02**

CR2E034 (9/01)