

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90125 007 \*\*\*150.00

**DOCUMENT # L51592**

1. Entity Name

**ROCHE APPRAISAL SERVICES, INC.**

Principal Place of Business

**2075 TALLAVANA TRAIL  
HAVANA FL 32333  
US**

Mailing Address

**2075 TALLAVANA TRAIL  
HAVANA FL 32333-5647  
US**

2. Principal Place of Business

**2075 TALLAVANA TRAIL**

Suite, Apt. #, etc.

3. Mailing Address

**2075 TALLAVANA TRAIL**

Suite, Apt. #, etc.

City & State

**HAVANA, FL**

City & State

**HAVANA, FL**

4. FEI Number

**59-3015154**

Applied For

Not Applicable

Zip

**32333**

Country

**GAOSDEN**

Zip

**32333**

Country

**GAOSDEN**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**2075 ROCHE, WALTER L.  
2030 TALLAVANA TRAIL  
HAVANA FL 32333**

7. Name and Address of New Registered Agent

Name

**ROCHE, WALTER L.**

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

**2075 TALLAVANA TRAIL**

City

**HAVANA**

**FL**

Zip Code

**32333**

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

*Walter Roche*

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

(NOTE: Registered Agent signature required when reinstating)

**4-17-00**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROCHE, WALTER L.</b>	
STREET ADDRESS	<b>2030 TALLAVANA TRAIL</b>	
CITY-ST-ZIP	<b>HAVANA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROCHE, JAN B.</b>	
STREET ADDRESS	<b>2030 TALLAVANA TRAIL</b>	
CITY-ST-ZIP	<b>HAVANA FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHE, WALTER L.</b>	
STREET ADDRESS	<b>2075 TALLAVANA TRAIL</b>	
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	
TITLE	<b>ROCHE, JAN B</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2075 TALLAVANA TRAIL</b>	
STREET ADDRESS	<b>HAVANA FL 32333</b>	
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		

**ADDRESS  
CHANGE  
ONLY**

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:

*Walter Roche* **WALTER L. ROCHE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-00**

Date

Daytime Phone #