

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90212 008 ***150.00

DOCUMENT # P00000003293

1. Entity Name
LAROCHE PARTS & SERVICE, INC.

Principal Place of Business Mailing Address
 P.O. BOX 247 P.O. BOX 247
 SUMTERVILLE FL 33585 SUMTERVILLE FL 33585

2. Principal Place of Business 3. Mailing Address
1534 Cedar St. **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Niceville, FL **59-3617664** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32578-870

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LAROCHE, RICHARD Name **La Roche, Richard**
533 SO. HWY.301 Street Address (P.O. Box Numbers Not Acceptable) **1534 Cedar St.**
SUMTERVILLE FL 33585 City **Niceville** FL Zip Code **32578-870**

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 **Richard K La Roche** DATE **3-26-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T LAROCHE, RICHARD P.O. BOX 247 SUMTERVILLE FL 33585 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T La Roche, Richard 1534 Cedar St. Niceville, FL 32578-8701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Richard K La Roche** **RICHARD K. LAROCHE** Date **3-26-01** Daytime Phone # **250-897-8909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)