

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

P.O. BOX 247
SUMTERVILLE FL 33585

Mailing Address

P.O. BOX 247
SUMTERVILLE FL 33585

2. Principal Place of Business

1534 Cedar St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

4. FEI Number

59-3617664

Applied For

Not Applicable

Zip

Country

Zip

Country

32578-870

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAROCHE, RICHARD
533 SO. HWY.301
SUMTERVILLE FL 33585

Name

La Roche, Richard

Street Address (P.O. Box Numbers Not Acceptable)

1534 Cedar St.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-01

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 **D/P/T** ☐ Delete
NAME **LAROCHE, RICHARD**
STREET ADDRESS **P.O. BOX 247**
CITY-ST-ZIP **SUMTERVILLE FL 33585**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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 **D/P/T** ☒ Change ☐ Addition
NAME **La Roche, Richard**
STREET ADDRESS **1534 Cedar St.**
CITY-ST-ZIP **Niceville, FL 32578-8701**

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

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

TITLE ☐ Change ☐ Addition
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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD K. LAROCHE

Date

Daytime Phone #

3-26-01 250-897-8909

CR2E034 (10/00)