

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90104 038 \*\*\*150.00

**DOCUMENT # P00000054220**

**1. Entity Name**  
**ROKO GROUP, INC.**



**Principal Place of Business**  
**12098 COLLEGIATE WAY**  
**ORLANDO FL 32817**

**Mailing Address**  
**4532 SADDLEWORTH CIRCLE**  
**ORLANDO FL 32826**



**2. Principal Place of Business**

**3. Mailing Address**  
**4586 TIGUA ISLAND CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**WINTER PARK FL.**

**4. FEI Number** **59-3661756**

Applied For  
Not Applicable

Zip

Country

Zip  
**32792**

Country

**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**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOVATS, ERIC A	
STREET ADDRESS	4532 SADDLEWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, JENNIFER	
STREET ADDRESS	4532 SADDLEWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, BRIAN K	
STREET ADDRESS	4532 SADDLEWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOVATS, STEPHANIE C	
STREET ADDRESS	4532 SADDLEWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
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"/> 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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLE M. TUROFF	
STREET ADDRESS	812 WHITE RIVER DR	
CITY-ST-ZIP	ORLANDO, FL 32828	
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		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Stephanie C. Kovats* **STEPHANIE C. KOVATS** 3/31/03 657-6180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)