## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000014967

1. Entity Name

ROHE & ASSOCIATES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90404 009 \*\*\*150.00

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Principal Place of B 5379 ISLEWORTH CO WINDERMERE FL 34	OUNTRY CLUB DRIVE	Mailing.Address 5379 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE FL 34786			·		10 B184 H184 B1846 (81	I <b>N S</b> 1414 2 <b>22</b> 1 1 <b>84</b> 1	
		<u> </u>							
2. Principal Place of Business		3. Mailing Address				) (8811499) 111 38101 15811 89151 89111 9811		18 E10f1 (BB) (BB)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3697342		<del></del>	Applied For Not Applicable		
Zip	Country	Zip	Countr		-5. Certificate of Status Desire		\$8.75 Additional		-
6.	Name and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent				1
				Name CHANGES 17. POINE					
HUTCHINS, ROBERT J 400 NORTH WYMORE ROAD ŠÚITE 110			-	Street Addres		Box Number is Not Acceptable)  TSCEWONTH CONTRY	C. 20 Y.		1
WINTER PARK		23.			·				
WINIER PARK	1	-	City T			<b>□</b> Zip Co	240	ł	
				<u> </u>	J 10		1 34c	186	
	ed entity submits this statement for fregistered agency	the purpose of changing its	registere	ed office or regis	stered a	gent, or both, in the State of Florida.	I am familiar wit	h, and accept	
		XHZI	- h	0		.4.	مدايد		
SIGNATURESignatu	ere, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered	Agent signature requ	uired when	reinstating)	DATE		
FILE N	IOW!!! FEE IS \$150.00	:							1
After May 1, 2003 Fee will be \$550.00				· , <del></del>		<ol> <li>9. Election Campaign Financi</li> <li>Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	ľ
Make Check Payable to Florida Department of State									
10.5	OFFICERS AND I		11.		A	DDITIONS/CHANGES TO OFFICER			í
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

(407) 645. 876-4192

Daytime Phone #