

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90068 005 ***150.00

DOCUMENT # P01000085210

1. Entity Name
LAROCHE IMPORTS, INC.



Principal Place of Business
**1109 WHITE HERON BAY CIR
ORLANDO FL 32824**

Mailing Address
**1709 WHITE HERON BAY CIRCLE
ORLANDO FL 32824
US**

2. Principal Place of Business

1709 White Heron Bay Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32824

Country

Zip

Country

4. FEI Number

59-3748510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMALLEY, CRAIG W
1517 E HILLCREST ST
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Byrd Gina

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

3355 W. Vine St, #102

City

RISSIMMEE

FL

Zip Code

34741

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

TITLE **P** ☐ Delete
NAME **DY, LEO**
STREET ADDRESS **1109 WHITE HERON BAY CIR**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VS** ☐ Delete
NAME **DY, GLORIA**
STREET ADDRESS **1109 WHITE HERON BAY CIR**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Address corrections** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1709 White Heron Bay Circle**
CITY-ST-ZIP **Orlando FL 32824**

TITLE **Address corrections** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1709 White Heron Bay Circle**
CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

407 8269385

Daytime Phone #

CR2E034 (10/02)