

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90133 017 ***550.00

DOCUMENT # P01000101528

1. Entity Name

LARocca ARCHITECTURAL MILLWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1848 E. HWY 30-A

Suite, Apt. #, etc.

#14

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

3. Mailing Address

1848 E. HWY 30-A

Suite, Apt. #, etc.

#14

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

4. FEI Number

59-3756259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name THOMAS G. VAN MATRE, JR.

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

4300 BAYOU BLVD, SUITE 16

City PENSACOLA

FL

Zip Code

32503

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 PSTD
NAME DAVID N. LARocca
STREET ADDRESS 1848 HWY 30-A, #14
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: David N. Larocca DAVID N. LARocca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-02

Date

See Cover Letter

Daytime Phone

CR2E034B (12/01)