

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90969 013 \*\*\*150.00

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**DOCUMENT # P02000071223**

1. Entity Name

ROCA INC-DRYWALL AND OTHERS



Principal Place of Business

1745 WELL RD APTO 1208  
ORANGE PARK FL 32073

Mailing Address

1745 WELL RD APTO 1208  
ORANGE PARK FL 32073

2. Principal Place of Business

559 ELIZABETH MEADOW DR

3. Mailing Address

P.O. BOX 351148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACK, FL

City & State

JACK, F

Zip

32225

Country

Doral

Zip

32225

Country

Doral

4. FEI Number

04-3674218

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

ROMERO, LUISA OCAMPO  
6200 BARNERS ROAD APTO P23  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

TITLE	P	Delete
NAME	ROMERO, LUISA OCAMPO	
STREET ADDRESS	6200 BARNERS ROAD APTO P23	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	Delete
NAME	ROMERO, JOSE ROBERTO	
STREET ADDRESS	6200 BARNERS ROAD APTO P23	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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	P	Change	Addition
NAME	Luisa Ocampo Romero		
STREET ADDRESS	559 ELIZABETH MEADOW DR		
CITY-ST-ZIP	JACK FL 32225		
TITLE	V	Change	Addition
NAME	Romero Jose Roberto		
STREET ADDRESS	559 ELIZABETH MEADOW DR		
CITY-ST-ZIP	JACK, FL 32225		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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

4/27/03

Date

Daytime Phone #

CR2E034 (10/02)