

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27566

1. Entity Name

PRINZ ROKA CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90098 015 \*\*\*150.00

Principal Place of Business

20820 RIVER DR. B 32  
DUNNELLON FL 34431  
US

Mailing Address

20820 RIVER DR  
B-35  
DUNNELLON FL 34431-6791  
US

2. Principal Place of Business

20865 River Dr

3. Mailing Address

20865 River Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dunnellon FL

City & State

Dunnellon FL

4. FEI Number

22-2035142

Applied For

Not Applicable

Zip

Country

34431

Marian

Zip

Country

34431

Marian

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

ROKA, ANDREAS  
20820 RIVER DR B35  
DUNELLON FL 34431

Name

Andreas Roka

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

20865 River Dr

City

Dunnellon

FL

Zip Code

34431

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

Andreas Roka

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROKA, ANDREAS	
STREET ADDRESS	20820 RIVER DR B35	
CITY-ST-ZIP	DUNELLON FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ROKA, PATRICIA	
STREET ADDRESS	20820 RIVER DR B35	
CITY-ST-ZIP	DUNELLON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

Andreas Roka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

(352) 489-6518

Daytime Phone

CR2E034 (9/99)