

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025953

1. Entity Name

ROCAILLE ACQUISITION SUBSIDIARY INC.



FILED

03 JAN 23 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401

Mailing Address  
1675 PALM BEACH LAKES BLVD., STE. 1002  
ATTN: JOHN ERBEY  
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0447869

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBEY, JOHN R  
BERKELEY FEDERAL BANK & TRUST FSB  
1675 PALM BEACH LAKES BLVD., STE. 1002  
WEST PALM BEACH FL 33401

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC  
NAME ERBEY, WILLIAM C.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME FARIS, RONALD M  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP  
NAME BARNES, JOHN R.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE V  
NAME MARK J. NICHOLS  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE S  
NAME ERBEY, JOHN R  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVPC  
NAME ZEIDMAN, MARK S  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V/T  
NAME CZOCHANSKI, THOMAS J  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE V/T  
NAME ANDREW G. DOKOS  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark J. Nichols* MARK J. NICHOLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-682-8000

CR2E034 (10/02)