

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002508

1. Entity Name

ROCHE' ENTERPRISES OF PENSACOLA, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90081 030 ***150.00

Principal Place of Business

Mailing Address

2812 OAK RIDGE DRIVE
GULF BREEZE FL 32561
US

P.O. BOX 16545
PENSACOLA FL 32507-6545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3221841**

Applied For

Not Applicable

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

ROCHE', MARTHA
409 DECATUR AVE.
PENSACOLA FL 32507

Name

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

2812 OAK RIDGE DR

City **GULF BREEZE**

FL

Zip Code **32561**

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

Matthew Roche

3/6/00

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 | P | <input type="checkbox"/> Delete |
| NAME | ROCHE' JOHN D | |
| STREET ADDRESS | 2812 OAK RIDGE DRIVE | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | ROCHE', MARTHA | |
| STREET ADDRESS | 2812 OAKRIDGE DRIVE | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| 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:

Matthew Roche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

850/934-6009
Daytime Phone #

CR2E034 (9/99)