

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027276

1. Entity Name

ASHLING M. ROCHE, P.A.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90227 042 ***150.00

Principal Place of Business

Mailing Address

2775 EAST OAKLAND PK

2775 EAST OAKLAND PK

6
FT LAUDERDALE FL 33306
US

6
FT LAUDERDALE FL 33348-0066
US

2. Principal Place of Business

3. Mailing Address

2550 N. Federal Hwy

PO Box 480066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

Zip

Country

33305

USA

Zip

Country

33348

USA

4. FEI Number

65-0481001

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, ASHLING M
2775 EAST OAKLAND PK BLVD
#6
FT LAUDERDALE FL 33306

Name

Roche, Ashling M.

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

2550 N. Federal Hwy #13

City

Fort Lauderdale FL

Zip Code

33305

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
ROCHE, ASHLING M
2775 EAST OAKLAND PK BLVD. #6
FT LAUDERDALE FL 33306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
Roche, Ashling M
PO Box 480066
Ft. Lauderdale, FL 33348 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (954) 630-8024

CR2E034 (9/99)