

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90141 006 \*\*\*550.00

341100



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000027276**

1. Entity Name  
**ASHLING M. ROCHE, P.A.**

Principal Place of Business  
**2550 N FEDERAL HWY**  
**#13**  
**FORT LAUDERDALE FL 33305**  
**US**

Mailing Address  
**PO BOX 480066**  
**FT LAUDERDALE FL 33348**  
**US**

2. Principal Place of Business  
**500 SE 17th St Causeway**  
 Suite, Apt. #, etc.  
**100**  
 City & State  
**FT Lauderdale FL**  
 Zip  
**33316**  
 Country  
**USA**

3. Mailing Address  
**500 SE 17th St Causeway**  
 Suite, Apt. #, etc.  
**100**  
 City & State  
**FT Lauderdale FL**  
 Zip  
**33316**  
 Country  
**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  
**ROCHE, ASHLING M**  
**2550 N FEDERAL HWY**  
**#13**  
**FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent  
 Name  
**Ashling Roche**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 SE 17th St Causeway**  
**Suite 100**  
 City  
**FT Lauderdale** **FL** Zip Code  
**33316**

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 **Ashling Roche** **7/22/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P, S, T PO BOX 480066 FT LAUDERDALE FL 33348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roche, Ashling 500 SE 17th Street Causeway, Suite 100 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ashling Roche** **7/22/02 (954) 468-5354**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)