FILED

Secretary of State

05-05-2003 90391 043 ***150.00

May 05, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000073464 DOCUMENT #

1. Entity Name



RICHARD J. ROACH, JR., P.A. Principal Place of Business Mailing Address 11039404 3396 HOLLY SPRINGS DRIVEX 3396 HOLLY SPRINGS DRIVEX SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3339603 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name ROACH, RICHARD J JR Street Address (P.O. Box Number is Not Acceptable) 3396 HOLLY SPRINGS DRIVE SPRING HILL FL 34607 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE ☐ Change ROACH, RICHARD J JR. 3396 HOLLY SPRINGS DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Ghange - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment

SIGNATURE: 2

FRICHARD J. ROACH, JR.

Daytime Phone #