

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092068

1. Entity Name

BIROCK ENTERPRISES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90076 022 ***150.00

Principal Place of Business

Mailing Address

14900 GULF BLVD
MADEIRA BEACH FL 33708

P.O. BOX 67096
ST PETERSBURG FL 33736-7096

C0037829

2. Principal Place of Business

1033 MUSTANG CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRANKLIN, IN

City & State

4. FEI Number

59-3359161

Applied For

Not Applicable

Zip

46131

Country

JOHNSON

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHFORD, SHERRY
14900 GULF BLVD
#111
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name SHERRY L. ROCHFORD

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

6983 BURLLEY TERRACE NORTH

City

ST. PETERSBURG

FL

Zip Code

33709

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 *Sherry L. Rochford*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/09/2000

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

TITLE P
NAME ROCHFORD, DENNIS
STREET ADDRESS 14900 GULF BLVD., #111
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☐ Delete

TITLE ST
NAME ROCHFORD, SHERRY
STREET ADDRESS 14900 GULF BLVD., 111
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME DENNIS ROCHFORD
STREET ADDRESS 1033 MUSTANG CT.
CITY-ST-ZIP FRANKLIN, IN 46131

TITLE ST ☒ Change ☐ Addition
NAME SHERRY ROCHFORD
STREET ADDRESS 1033 MUSTANG CT.
CITY-ST-ZIP FRANKLIN, IN 46131

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/09/2000 317-346-0889

FILED