

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90163 042 ***150.00

DOCUMENT # P96000001936

1. Entity Name
ROORDA & ASSOCIATES, INC.



Principal Place of Business
29 BANYAN DRIVE
OCALA FL 34472

Mailing Address
29 BANYAN DRIVE
OCALA FL 34472

2. Principal Place of Business

2837 N.E. 3 St.

3. Mailing Address

2837 N.E. 3 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Ocala, FL

Ocala, FL

Zip

Zip

34470

34470

Country

Country

U.S.A.

U.S.A.

4. FEI Number 59-3361956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROORDA, RICHARD L
29 BANYAN DRIVE
OCALA FL 34472

7. Name and Address of New Registered Agent

Name **Richard L. Roorda**
Street Address (P.O. Box Number is Not Acceptable)
2837 N.E. 3 St.
201
City **Ocala** **FL** Zip Code **34470**

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 **Richard L. Roorda**

Richard L. Roorda

3/27/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROORDA, RICHARD L	
STREET ADDRESS	29 BANYAN DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROORDA, JOHN D	
STREET ADDRESS	29 BANYAN DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROORDA, STEPHEN P	
STREET ADDRESS	29 BANYAN DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roorda, Richard L.	
STREET ADDRESS	2837 N.E. 3 St. # 201	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roorda, John D	
STREET ADDRESS	8300 S.W. 41 Place Rd	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roorda, Stephen P	
STREET ADDRESS	2837 N.E. 3 St. # 201	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard L. Roorda** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03 **(352) 624-3840**

Date

Daytime Phone #

CR2E034 (10/02)