

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

06-19-2003 90046 037 ***155.00

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DOCUMENT # P97000088416

1. Entity Name
ROCA DIAGNOSTIC LABORATORY, INC.



Principal Place of Business

**3380 SE LAKE WEIN AVE
UNIT F
OCALA FL 34471**

Mailing Address

**3380 SE LAKE WEIN AVE
UNIT F
OCALA FL 34471
US**

55050479



2. Principal Place of Business

**3380 SE LAKE WEIR RD
Suite, Apt. #, etc.
UNIT F**

3. Mailing Address

**3380 S.E. LAKE WEIR RD
Suite, Apt. #, etc.
UNIT F**

☐ CHECK HERE IF MAKING CHANGES

City & State

OCALA FL.

City & State

OCALA FLORIDA

4. FEI Number

59-3472941

Applied For

Not Applicable

Zip

34471

Country

U.S.

Zip

34471

Country

U.S.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROJANO FIDES, MARIE S
3380 SE LAKE WIER AVE. UNIT F
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	ST CASILE, ELLEN V 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASILE, BENJAMIN A 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STS CASILE, ERNA 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJANO FIDES, M S 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM ROJANO, JOSE A 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROJANO, LETICIA 3380 SE LAKE WEIR AV OCALA FL 34471	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOSE ROJANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03
7-6-03
Date

352
361-0715
Daytime Phone #

CR2E034 (4/03)