

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90109 044 ***150.00

DOCUMENT # P97000103407
1. Entity Name
ROCO ENTERPRISES OF PALM BEACH COUNTY, INC.



Principal Place of Business
**1204 WHITE PINE DR
WEST PALM BEACH FL 33414**

Mailing Address
**1204 WHITE PINE DR
WEST PALM BEACH FL 33414**



2. Principal Place of Business
6963 Wilson Rd
Suite, Apt. #, etc.

3. Mailing Address
6963 Wilson Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Bch, FLA

City & State
West Palm Bch, FL

4. FEI Number
65-0820878

Applied For
☐ Not Applicable

Zip
33413 Country
Plm. Bch.

Zip
33413 Country
Plm. Bch.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOME, WILLIAM R.H.
1818 AUSTRALIAN AVE S
COMMERCE POINT, STE 202
WEST PALM BEACH FL 33409**

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
1-24-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RAWN, JOHN D
1204 WHITE PINE DR
WEST PALM BEACH FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ORLOFF, RONALD G
1204 WHITE PINE DR
WEST PALM BEACH FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a true and correct like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 561-478-7445

Date

Daytime Phone #

CR2E034 (10/02)