

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91764 037 ***150.00

DOCUMENT # P98000024813

1. Entity Name
ROACH INVESTMENTS, INC.



Principal Place of Business
1277 NW 31 AVENUE
FT. LAUDERDALE FL 33319
US

Mailing Address
7355 NW 52 STREET
LAUDERHILL FL 33319
US

2. Principal Place of Business

1277 NW 31 Ave

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE

City & State

4. FEI Number **65-0820731**

Applied For
Not Applicable

Zip
33311

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, LLOYD
7355 NW 52 STREET
LAUDERHILL FL 33319

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

FEE 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 **P** ☐ Delete
NAME **ROACH, LLOYD**
STREET ADDRESS **7355 NW 52 STREET**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **S** ☐ Delete
NAME **ROACH, ANN**
STREET ADDRESS **7355 NW 52 STREET**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 has 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-03

Date

Daytime Phone #

CR2E034 (10/02)