

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90169 038 ***150.00

DOCUMENT # P98000060327

1. Entity Name

M.L. ROCHESTER CRNA, P.A.

Principal Place of Business

Mailing Address

~~1504 WAGON ROAD~~

~~1504 WAGON ROAD~~

~~APT. B~~

~~APT. B~~

~~ORLANDO FL 32826~~

~~ORLANDO FL 32826~~

2. Principal Place of Business

11504 WAGON ROAD

3. Mailing Address

11504 WAGON ROAD

Suite, Apt. #, etc.

APT. B

Suite, Apt. #, etc.

APT. B

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32826

Country

USA

Zip

32826

Country

USA

4. FEI Number

65-0849784

Applied For

Not Applicable

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

ROCHESTER, M.L.

925 S.E. 20TH PLACE

CAPE CORAL FL 33990-1854

Name

ROCHESTER, M.L.

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

11504 WAGON ROAD APT. B

City

ORLANDO

FL

Zip Code

32826

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 X M. L. Rochester, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHESTER, M.L. 925 S.E. 20TH PLACE CAPE CORAL FL 33990-1854	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11504 Wagon Road Apt-B Orlando, FL 32826	
VP ROCHESTER, JANE A. 11504 WAGON ROAD, APT. B ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X M.L. Rochester, Pres. X

M.L. Rochester, Pres. X 1-15-01

Date

Daytime Phone #

X 407-491-9115

CR2E034 (10/00)