

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90025 021 ***150.00

0428144

DOCUMENT # P99000004443

1. Entity Name

COLUMBUS, VALENTINE & LAROCHE, INC.

Principal Place of Business

502 S. FLORIDA AVE
#113
TARPON SPRINGS FL 34689

Mailing Address

502 S. FLORIDA AVE
#113
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0895255**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECERRA, CHRISTINE
1 EAST BROWARD BLVD.
SUITE 700
FORT LAUDERDALE FL 33301-0000

7. Name and Address of New Registered Agent

Name

Richard A. Davis

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

2739 U.S. Hwy 19, Ste-200

City

Holiday

FL

Zip Code
34691

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 **Richard A. Davis**

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

(NOTE: Registered Agent Signature Required when reinstalling)

3/28/01

DATE

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

TITLE **D** ☐ Delete
NAME **BECERRA, CHRISTINE**
STREET ADDRESS **502 S. FLORIDA AVE #113**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete
NAME **BECERRA, RICHARD**
STREET ADDRESS **502 S. FLORIDA AVE #113**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1531 WESTMEADE DRIVE**
CITY-ST-ZIP **CHESTERFIELD, MISSOURI 63017**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1531 WESTMEADE DRIVE**
CITY-ST-ZIP **CHESTERFIELD, MISSOURI 63017**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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: **Christine Becerra**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01
Date

727-423-7448
Daytime Phone #

CR2E034 (10/00)