

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90174 021 ***150.00

DOCUMENT # P99000095632

1. Entity Name

ROSCH COMMERCIAL VENDING, INC.

Principal Place of Business

3326
2806 ARCARA WAY, #411
LAKE WORTH FL 33467

Mailing Address

3326
2806 ARCARA WAY, #411
LAKE WORTH FL 33467

B0016430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3326 ARCARA WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

33467

Country

PALE BEACH

Zip

Country

4. FEI Number

22-310310

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSCH, SIDNEY
3326 2806 ARCARA WAY, #411
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

N/A

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.

SIGNATURE

SIDNEY ROSCH

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

Sidney Rosch

(NOTE: Registered Agent signature required when reinstating)

1/12/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 561 433-8251

Date

Daytime Phone #