

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90126 024 \*\*\*150.00

**DOCUMENT # G02540**

1. Entity Name  
**ROUTH'S EQUIPMENT CO.**

Principal Place of Business Mailing Address  
 C/O JOHN D ROUTH SR C/O JOHN D ROUTH SR  
 5732 15TH ST EAST 5732 15TH ST EAST  
 BRADENTON FL 34203 BRADENTON FL 34203-6850

2. Principal Place of Business Suite, Apt. #, etc. City & State  
 3. Mailing Address Suite, Apt. #, etc. City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2220586** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOHNSON, DEBORAH K**  
**5607 43RD AVE E**  
**BRADENTON FL 34208**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROUTH, JOHN D SR</b>	
STREET ADDRESS	<b>5607 43RD AVE E</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, DEBORAH K</b>	
STREET ADDRESS	<b>5607 43RD AVE E</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROUTH, CATHERINE A</b>	
STREET ADDRESS	<b>5607 43RD AVE E</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Catherine A Routh  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/10/00 Daytime Phone #: 941-755-1565

CR2E034 (9/99)