2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K41147 Mar 10, 2000 8:00 am 1. Entity Name Secretary of State THOMAS A. ROTH, D.D.S., P.A. 03-10-2000 90024 004 ***150.00 Principal Place of Business Mailing Address 1291 S POWERLINE RD 1291 S POWERLINE RD POMPANO FL 33069 POMPANO FL 33069-4340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0080586 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTH, THOMAS A. Street Address (P.O. Box Number is Not Acceptable) 1291 S. POWERLINE ROAD POMPANO BCH. FL 33069 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change Addition NAME ROTH, THOMAS A. NAME 1291 S POWERLINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-6-00

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