

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000103325**1. Entity Name
HOMELIFE-TEC INC.**Principal Place of Business**

27141 BRENDON WAY

BONITA SPRINGS

34135

US

FL

Mailing Address

P.O. BOX 367041

BONITA SPRINGS

341367041

US

FL

2. Principal Place of Business

21739 SOUND WAY

3. Mailing AddressSuite, Apt. #, etc.
UNIT 102

Suite, Apt. #, etc.

City & State

ESTERO

FL

City & State**4. FEI Number****65-0720983****Applied For**☐ Not Applicable**Zip**

33928

Country

US

Zip**Country****5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SIEGFRIED ROTH**
27141 BREDAN WAY

BONITA SPRINGS

34135

US

FL

7. Name and Address of New Registered Agent**Name****SIEGFRIED ROTH DPT****Street Address (P.O. Box Number is Not Acceptable)**

21739 SOUND WAY

UNIT 102**City**

ESTERO

FL**Zip Code**
33928

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 **SIEGFRIED ROTH**

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

(NOTE: Registered Agent signature required when reinstating)

02/18/2001

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	DVPS	<input type="checkbox"/> Delete
NAME	ROTH EDITH	
STREET ADDRESS	P O BOX 367041	
CITY-ST-ZIP	BONITA SPRINGS FL 341367041	

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ROTH SIEGFRIED	
STREET ADDRESS	P O BOX 367041	
CITY-ST-ZIP	BONITA SPRINGS FL 341367041	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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STREET ADDRESS		
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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: SIEGFRIED ROTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPT

02/18/2001

Date

Daytime Phone #

CR2E034 (11/00)