

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90167 039 ***158.75

DOCUMENT # P97000020127

1. Entity Name

MR. ROOTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**252 VIA PERIGNON
 NAPLES FL 34119**

Mailing Address

**252 VIA PERIGNON
 NAPLES FL 34119**

2. Principal Place of Business

4270 Progress Ave

Suite, Apt. #, etc.

3. Mailing Address

+387 4270 Progress Ave

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

FL 34104 USA

Country

Zip

34104

Country

USA

4. FEI Number

59-3493210

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOY, ANGELINA
 252 VIA PERIGNON
 NAPLES FL 34119**

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

Angeline Joy

Angeline Joy

4-8-02

(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, 2002 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 **STD** ☐ Delete
 NAME **JOY, JOSEPH RICHARD**
 STREET ADDRESS **252 VIA PERIGNON**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **P** ☐ Delete
 NAME **JOY, ANGELINA**
 STREET ADDRESS **252 VIA PERIGNON**
 CITY-ST-ZIP **NAPLES FL 34119**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Angeline Joy

Angeline Joy

4-8-02

Date

Daytime Phone #

**239-261-6661
 Ht (newareca)**

CR2E034 (9/01)