

2001 UNIFORM BUSINESS REPORT (UBR)

06-19-2001 08:19:02 ***158.75
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Pg 192

DOCUMENT # 475444

1. Entity Name
 R.B. STOTZ, P.E., INCORPORATED

01 JUL -3 AM 9:06

Principal Place of Business **Mailing Address**
 742 3RD STREET 742 3RD STREET
 CHIPLEY, FL 32428 CHIPLEY, FL 32428

A0073824

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number
 69-1593341

Applied For:
 Not Applicable

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

6. Name and Address of Current Registered Agent
 STOTZ, ROBERT B.
 742 3RD STREET
 CHIPLEY, FL 32428

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOTZ, R.B.		NAME		
STREET ADDRESS	742 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOTZ, LITA		NAME		
STREET ADDRESS	742 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE		☐ 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-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(b), 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Stotz* 6/11/01

CR2004 (11/00)