

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531140

1. Entity Name

W.A. GROTHE BUILDERS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90045 020 ***150.00

Principal Place of Business

Mailing Address

5812 TRINITY LANE
ORLANDO FL 32839-4013

5812 TRINITY LANE
ORLANDO FL 32839-4013

2. Principal Place of Business

3. Mailing Address

5842 TRINITY LANE

5842 TRINITY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32839

Country

ORANGE

Zip

32839

Country

ORANGE

4. FEI Number

59-1739966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROTHE, WOLFRAM A.

5812 TRINITY LANE

ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

5842 TRINITY LANE

City

ORLANDO

FL

Zip Code

32839

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

WOLFRAM A. GROTHE

Wolfram A. Grothe

4-7-00

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

(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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS GROTHE, WOLFRAM A.
CITY-ST-ZIP 5842 TRINITY LANE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5842 TRINITY LANE
CITY-ST-ZIP

TITLE ☐ Delete
NAME VSD
STREET ADDRESS GROTHE, BEVERLY A.
CITY-ST-ZIP 5812 TRINITY LANE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5842 TRINITY LANE
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GROTHE, EVAN G.
CITY-ST-ZIP 5812 TRINITY LANE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5842 TRINITY LANE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WOLFRAM A. GROTHE

4-7-2000

407-859-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)