

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90004 006 ***150.00

DOCUMENT # 574480

1. Entity Name

DANIEL ROETTELE, INC.

Principal Place of Business

Mailing Address

13571 57 PLACE NORTH
 ROYAL PALM BEACH FL 33411
 US

13571 57 PLACE NORTH
 ROYAL PALM BEACH FL 33411-8336
 US

00006093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13571 57 Place North
 Suite, Apt. #, etc.

3. Mailing Address

13571 57 Place North
 Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-1828614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DANIEL ROETTELE
13571 57 PLACE WORTH
ROYAL PALM BEACH FL 33411

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROETTELE, DANIEL	13571 57 PLACE NORTH	ROYAL PALM BEACH FL	<input type="checkbox"/>
ST	ROETTELE, LINDA	13571 57 PLACE NORTH	ROYAL PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>West Palm Beach, FL</i>	<i>33411</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>West Palm Beach, FL</i>	<i>33411</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Linda Roettele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

561 795 7594

Daytime Phone #

CR2E034 (9/99)