

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577914

1. Entity Name  
DOTCO, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90502 038 \*\*\*150.00

**C0042263**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % DOROTHY ROSENBLUTH 10269 CYPRESS CIRCLE LARGO FL 34647	Mailing Address % DOROTHY ROSENBLUTH 10269 CYPRESS CIRCLE LARGO FL 34647
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <b>33777</b>	Country
Zip <b>33777</b>	Country

4. FEI Number <b>59-1828950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENBLUTH, DOROTHY**  
**6240 KIPPS COLONY COURT #202**  
**GULFPORT FL 33707**

7. Name and Address of New Registered Agent

Name

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

**4500 PLAZA WAY**

City **ST. PETERSBURG BEACH** **FL** Zip Code **33706-**

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. **2556**

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	ROSENBLUTH, DOROTHY J
STREET ADDRESS	6240 KIPPS COLONY COURT
CITY-ST-ZIP	GULFPORT FL
TITLE	VS
NAME	ROSENBLUTH, JAMES A.
STREET ADDRESS	10269 CYPRESS CIRCLE
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	ROSENBLUTH, JON E
STREET ADDRESS	11269 HARBORSIDE DR
CITY-ST-ZIP	LARGO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4500 PLAZA WAY</b>
CITY-ST-ZIP	<b>ST PETERSBURG BEACH, FL 33706-2556</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33777</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>33773</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: James Rosenbluth **VICA PRES.** **3/29/2001** **727-397-6678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JAMES ROSENBLUTH**

0375446

CR2E034 (10/00)