## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 580767** Jan 19, 2000 8:00 am **Secretary of State** ROBERT W. GROTH, P.A. 01-19-2000 90303 015 \*\*\*150.00 5425 Park Central Court Mailing Address Principal Place of Business 1044 SASTELLO DR 1044 CASTELCO DR Park Centra Court NAPLES FL 24103-8981 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 59-2141640 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired DSA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent **GROTH ROBERT W** 5425 Park Central Court Naples, FL34109 Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DRIVE # 5425 Park Central NAPLES FL 339 $\mathcal{C}_{\!\mathsf{o}\mathsf{v}\mathsf{r}}$ ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition **PST** TITLE Delete TITLE NAME GROTH, ROBERT W STREET ADDRESS STREET ADDRESS 1044 CASTELLO BR. CITY-ST-ZIP CITY-ST-ZIF NAPLES, FL ☐ Addition Change Delete TITLE TITLE Kober NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.