

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604693

1. Entity Name
RICHARD H. ROTH P.A.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90130 043 ***150.00

Principal Place of Business

1500 E ATLANTIC BLVD
POMPANO BCH FL 33060

Mailing Address

1500 E ATLANTIC BLVD
POMPANO BCH FL 33060

2. Principal Place of Business

405 CAMELIA TRAIL

Suite, Apt. #, etc.

3. Mailing Address

405 CAMELIA TRAIL

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32086

Country

USA

Zip

32086

Country

USA

4. FEI Number

59-1482410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH (RICHARD H.) P.A.
1500 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

RICHARD H. ROTH

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

405 CAMELIA TRAIL

City

ST. AUGUSTINE

FL

Zip Code

32086

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

Richard H. Roth RICHARD H. ROTH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	ROTH, RICHARD H.	
STREET ADDRESS	1500 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTH, RICHARD H.	
STREET ADDRESS	1500 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROTH, JOAN B.	
STREET ADDRESS	1500 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	ROTH, JOAN B.	
STREET ADDRESS	1500 E. ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARHARD H. ROTH	
STREET ADDRESS	405 CAMELIA TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROTH, JOAN B. VP. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN B. ROTH	
STREET ADDRESS	405 CAMELIA TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Roth RICHARD H. ROTH

Date

1-15-01

Daytime Phone #

9047975933

CR2E034 (10/00)