**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 12, 2002 8:00 am § Secretary of State DOCUMENT # F32043 1. Entity Name 03-12-2002 90434 002 \*\*\*150.00 JIM ROTT HOME IMPROVEMENTS AND AIR CONDITIONING. Principal Place of Business Mailing Address 605 3RD PLACE 605 3RD PLACE VERO BCH FL 32962 VERO BCH FL: 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2092588 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTT, MARY E. Street Address (P.O. Box Number is Not Acceptable) 605 3RD PLACE VERO BCH FL 32962 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) PRESIDENT TITLE ☐ Delete ☐ Addition DST TITLE KEVI'N JAMES ROTT NAME NAME ROTT, MARY E CR2E034 STREET ADDRESS STREET ADDRESS 115 29TH CT SW CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32968 VICE PRES ! DENT ☐ Addition TITLE DP DVP ☐ Delete TITI F Change JAMES R. ROTT NAME ROTT, JAMES R STREET ADDRESS STREET ADDRESS 115 29TH CT SW CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 TITLE Delete TITLE Change — ☐ Addition DVP-DP NAME ROTT, KEVIN JAMES NAME STREET ADDRESS STREET ADDRESS **116 10TH COURT** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 thet 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 poort 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