

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F33892

1. Entity Name

WILLIAM ROTH CONSTRUCTION CORP.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 050 ***150.00

Principal Place of Business

Mailing Address

9885 N. PIONEER PT
CITRUS SPRINGS FL 34434
US

9885 N. PIONEER PT
CITRUS SPRINGS FL 34434-3563
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2091595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, WILLIAM R.
1440 S WATERVIEW DR
INVERNESS FL 34450

Name

WILLIAM R. ROTH

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

9885 N. PIONEER PT.

City

CITRUS SPRINGS

FL

Zip Code

34434

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 WILLIAM R. ROTH

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

William R. Roth

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROTH, JOHN E
2079 PERIWINKLE CT
COVINGTON KY 41017-4434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROTH, WILLIAM R
9885 N. PIONEER PT
CITRUS SPRINGS FL 34434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

William R. Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

(352) 465-2251
Daytime Phone #

CR2E034 (9/99)