

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0549184

**DOCUMENT # F33892**

1. Entity Name

**WILLIAM ROTH CONSTRUCTION CORP.**

04-11-2001 90064 013 \*\*\*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  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2091595**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, WILLIAM R.  
 9885 N PIONEER PT  
 CITRUS SPRINGS FL 34434**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROTH, JOHN E</b>	
STREET ADDRESS	<b>2079 PERIWINKLE CT</b>	
CITY-ST-ZIP	<b>COVINGTON KY 41017-4434</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROTH, WILLIAM R</b>	
STREET ADDRESS	<b>9885 N. PIONEER PT</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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: William R. Roth  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (352) 465-2251  
 Date Daytime Phone #

CR2E034 (10/00)