

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90303 029 ***150.00

DOCUMENT # F33892

1. Entity Name
WILLIAM ROTH CONSTRUCTION CORP.



Principal Place of Business
9885 N. PIONEER PT
CITRUS SPRINGS FL 34434
US

Mailing Address
9885 N. PIONEER PT
CITRUS SPRINGS FL 34434
US



2. Principal Place of Business

10031 N. Biscayne Dr.

Suite, Apt. #, etc.
Citrus Springs
City & State
Fl.

3. Mailing Address

10031 N. Biscayne Dr.

Suite, Apt. #, etc.
Citrus Springs
City & State
Fl.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2091595**

Applied For
Not Applicable

Zip
34434

Country
Citrus

Zip
34434

Country
Citrus

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

6. Name and Address of Current Registered Agent

ROTH, WILLIAM R.
9885 N PIONEER PT 10031 N. Biscayne Dr
CITRUS SPRINGS FL 34434

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	ROTH, KATHERINE A	
STREET ADDRESS	9885 N PIONEER PT 10031 N. Biscayne Dr	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROTH, WILLIAM R	
STREET ADDRESS	9885 N PIONEER PT 10031 N. Biscayne Dr	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date _____ Daytime Phone # _____

CR2E034 (10/02)