

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2001 90157 032 ***158.75

DOCUMENT # F53868

1. Entity Name

EYDIE ROTH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~8487 S.E. MERRITT WAY~~
JUPITER FL 33458
US

~~8487 S.E. MERRITT WAY~~
JUPITER FL 33458
US

2. Principal Place of Business

210 ANHINGA LANE

3. Mailing Address

210 ANHINGA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Jupiter, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. FEI Number

59-2145250

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, EYDIE L.
~~8487 S.E. MERRITT WAY~~
JUPITER FL 33458

New address →

7. Name and Address of New Registered Agent

Name **Eydie L. Roth**

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

210 ANHINGA LANE

City **Jupiter, FL**

Zip Code **33458**

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 **Eydie L. Roth**

Signature, type 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 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 | PSTD | <input type="checkbox"/> Delete |
| NAME | ROTH, EYDIE L | |
| STREET ADDRESS | 8487 SE MERRITT WAY 210 ANHINGA LANE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ROTH, RICHARD A | |
| STREET ADDRESS | 8487 S.E. MERRITT WAY 210 ANHINGA LANE | |
| CITY-ST-ZIP | JUPITER FL | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |

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

Date

Daytime Phone #

CR2E034 (10/00)