2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13217

1. Entity Name

R. L. ROOT COMPANY

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90020 020 ***158.75

Principal Place of Business	Mailing Address
1002 VINE AVENUE CLEARWATER FL 33755 US	1002 VINE AVENUE CLEARWATER FL 33755-3157 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12299 90TH AVE N	12299 90TH AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL	City & State: SEMINOLE
Zip: 33772 Country: PINELLAS	Zip: 33772 Country: PINELLAS

4. FEI Number 59-2291760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROOT, ROBERT
1002 VINE AVENUE
CLEARWATER FL 33955

7. Name and Address of New Registered Agent

Name ROBERT ROOT
Street Address (P.O. Box Number is Not Acceptable)
12299 90TH AVE N.
City SEMINOLE FL Zip Code 33772

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 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

TITLE	ST	☐ Delete
NAME	ROOT, REBECCA	
STREET ADDRESS	1002 VINE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	PD	☐ Delete
NAME	ROOT, JOSHUA	
STREET ADDRESS	1002 VINE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: ____________________ 2-2-00 727-458-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #