

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H71512**

1. Entity Name
C & L Roth, Inc.

FILED

02 MAY -2 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2633 Lantana Road
Suite, Apt. #, etc.
#611

3. Mailing Address

5977 Wedgewood Vill. Cir.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lantana, FL

Zip
33462

Country

City & State

Lake Worth, FL

Zip

33463

Country

4. FEI Number

59-2573708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rudolf Roth

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

5977 Wedgewood Village Circle

City

Lake Worth

FL

Zip Code

33463

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Rudolf Roth
5977 Wedgewood Village Cir.
Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005508902--1
-05/14/02--01045--006
******450.00 ****450.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Marcia Roth
5977 Wedgewood Village Cir.
Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA ROTH

3/16/02

Date

561-965-6568

Daytime Phone #

CR2E034B (12/01)