

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006460

1. Entity Name

ROTH ENTERPRISES, LLC

FILED

01 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% EDWIN T. ROTH
1243-12TH AVENUE NORTH
NAPLES FL 34102

Mailing Address

% EDWIN T. ROTH
1243-12TH AVENUE NORTH
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Ted Roth

Suite, Apt. #, etc.

111 Mahogany

Suite, Apt. #, etc.

111 Mahogany

City & State

Naples Fla.

City & State

Naples, Fla.

Zip

34108

Country

Collier

Zip

34108

Country

Collier

DO NOT WRITE IN THIS SPACE

65-104396

4. FEI Number

65-104396

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, EDWIN T
1243-12TH AVENUE NORTH
NAPLES FL 34102

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004275525
-05/22/01--01017--021
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROTH, EDWIN T
1243-12TH AVENUE NORTH
NAPLES FL 34102

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NADEAU, ROBERT D
PO BOX 9498
NAPLES FL 34101

☐ Delete

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

X Edwin T. Roth

04-15-01

941-248-2912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)