

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82539

1. Entity Name

KATHLEEN ROATH-ALGERA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90315 035 ***150.00

Principal Place of Business

1900 ROCKLEDGE BV
1530 S FEDERAL HWY
TITUSVILLE FL 32955
US

Mailing Address

1900 ROCKLEDGE BV
1530 S FEDERAL HWY
TITUSVILLE FL 32955-2844
US

2. Principal Place of Business

5538 River Oaks DR

Suite, Apt. #, etc.

3. Mailing Address

5538 River Oaks DR

Suite, Apt. #, etc.

City & State
Titusville

City & State
FL

4. FEI Number 59-3021733

Applied For
Not Applicable

Zip
32780

Country
USA

Zip
32780

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILIP F LUPO-ESQUIRE
1900 ROCKLEDGE BV
ROCKLEDGE FL 32955

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
ROATH-ALGERA, KATHLEEN
5538 RIVER OAKS DRIVE
TITUSVILLE FL 32780 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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

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: Kathleen Roath-Algera 4/20/00 321 264 3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)