2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

address, with all other like empowered.

FILED Mar 01, 2001 8:00 am DOCUMENT # P0000000317 **Secretary of State** 1. Entity Name RAE ROTHWEILER, P.A. 03-01-2001 91317 001 ***150.00 Mailing Address Principal Place of Business 1100 S. TAMIAMI TERRAGE #202 1100 S. TAMIAMI TERRAGE #202 TO A WO THII SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address S. TAMIAM: Trail TRAIL 1100 S. TAMIAMI 1100 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FELNumber 0970790 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENZEL, ROBERT C CPA Street Address (P.O. Box Number is Not Acceptable) 1100 S. TAMIAMI TERRACE #202 SARASOTA FL 34236 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SR2E034 (10/00) TITLE ☐ Delete TITLE Addition NAME ROTHWEILER, RAE NAME STREET ADDRESS 6260 N. LOCKWOOD RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 13. Thereby 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 sup of the corporation or the rece elemental 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 ver 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