

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90109 012 ***150.00

DOCUMENT # P00000000317

1. Entity Name
RAE ROTHWEILER, P.A.

Principal Place of Business

Mailing Address

~~1100 S. TAMiami TRAIL~~
~~202~~
~~SARASOTA FL 34230~~

~~1100 S. TAMiami TRAIL~~
~~202~~
~~SARASOTA FL 34230~~

2. Principal Place of Business

6260 N. Lockwood Ridge Rd

3. Mailing Address

2801 Fruitville Rd. #135

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
65-0970790

Applied For
☐ Not Applicable

Zip
34243

Country
USA

Zip
34243

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

WENZEL, ROBERT C CPA
1100 S. TAMiami TERRACE #202
SARASOTA FL 34236

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 _____ (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, 2002 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 ☐ Delete
P
NAME
ROTHWEILER, RAE
STREET ADDRESS
6260 N. LOCKWOOD RIDGE ROAD
CITY-ST-ZIP
SARASOTA FL 34243

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

TITLE ☐ Delete
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAE ROTHWEILER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002

Date

941-953-7777

Daytime Phone #

CR2E034 (9/01)