

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063390

1. Entity Name

ROTTWEAR DESIGNER CLOTHING INC

Principal Place of Business

Mailing Address

513 WHITEHEAD STREET
KEY WEST FL 33040

513 WHITEHEAD STREET
KEY WEST FL 33040

2. Principal Place of Business

5585 SECOND AVE

3. Mailing Address

P.O. BOX 2607

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

KEY WEST FLORIDA

City & State

KEY WEST FLORIDA

4. FEI Number

65-1020691

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33045-2607

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITSON, BRUCE
513 WHITEHEAD STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
JOHN WAGNER

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

5585 SECOND AVENUE #4 - STOCK ISLAND

City KEY WEST

FL

Zip Code
33040

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

John P. Wagner
JOHN P. WAGNER

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

(NOTE: Registered Agent signature required when reinstating)

01/08/2001
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAGNER, JOHN P POST OFFICE BOX 2607 N/A KEY WEST FL 33045-2067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WAGNER, JOHN P. PO BOX 2607 KEY WEST FL 33045-2067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY-TREAS CHARLES F. ROBERTS 15 ALLAMANDA TERRACE - KEY HABU KEY WEST FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN P. WAGNER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2001
Date

305/364-6919
Daytime Phone #

CR2E034 (10/00)

0120308

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90066 029 ***150.00



DO NOT WRITE IN THIS SPACE