

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 017 ***158.75

DOCUMENT # **PO1000090472** ✓

1. Entity Name

E-Z Arch Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 Old Magnolia trail

3. Mailing Address

555 Old Magnolia trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Canton, GA

City & State

Canton, GA

Zip

30115

Country

USA

Zip

30115

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Douglas S. Roth**

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

95 Cypress Ave

City **West Palm Beach**

FL

Zip Code **33415**

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

Douglas S. Roth

Douglas J. Roth

4/26/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | P |
| NAME | Douglas S. Roth |
| STREET ADDRESS | 95 Cypress Ave |
| CITY-ST-ZIP | WPB, FL 33415 |
| TITLE | V |
| NAME | Gary Lee Nelson Jr. |
| STREET ADDRESS | 555 Old Magnolia trail |
| CITY-ST-ZIP | Canton, GA 30115 |
| TITLE | T/S |
| NAME | Rhonda Roth |
| STREET ADDRESS | 555 Old Magnolia trail |
| CITY-ST-ZIP | Canton, GA 30115 |
| TITLE | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda S. Roth

4/26/02

678-493-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)