

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90183 032 ***150.00

DOCUMENT # P01000090472

1. Entity Name
EZ ARCH, INC.



Principal Place of Business
555 OLD MAGNOLIA TRAIL
CANTON GA 30115

Mailing Address
555 OLD MAGNOLIA TRAIL
CANTON GA 30115



2. Principal Place of Business

95 Cypress Ave.
Suite, Apt #, etc.

3. Mailing Address

95 Cypress Ave.
Suite, Apt #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

Zip
33415

Country
U.S.A.

City & State
West Palm Beach, FL

Zip
33415

Country
U.S.A.

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, DOUGLAS S
95 CYPRESS AVE
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name Roth, Douglas S.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Douglas S. Roth (Douglas S. Roth, President) 4-15-03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROTH, DOUG
STREET ADDRESS 95 CYPRESS AVE
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE V
NAME NELSON, GARY L JR
STREET ADDRESS 555 OLD MAGNOLIA TRAIL
CITY-ST-ZIP CANTON GA 30115 ☐ Delete

TITLE TS
NAME ROTH, RHONDA
STREET ADDRESS 555 OLD MAGNOLIA TRAIL
CITY-ST-ZIP CANTON GA 30115 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas S. Roth (Douglas S. Roth, Officer) 4-15-03 (561) 827-6804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)