

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90749 028 ***150.00

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DOCUMENT # P01000122424

1. Entity Name
SUPER ROOTER, INC.



Principal Place of Business
**5005 PINETREE DR.
FT. PIERCE FL 34982**

Mailing Address
**5005 PINETREE DR.
FT. PIERCE FL 34982**



2. Principal Place of Business

3. Mailing Address

P.O. Box 12148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Pierce, FL

4. FEI Number

75-3068202

Applied For

Not Applicable

Zip

Country

Zip

Country

34979

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BECHT, EDWARD W ESQ
321 S. SECOND ST.
FT. PIERCE FL 34950**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jamie DiFrancesco*
Signature, typed or printed name of registered agent and title if applicable.

Jamie DiFrancesco

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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 NAME STREET ADDRESS CITY - ST - ZIP	D DIFRANCESCO, JAMIE 5005 PINETREE DR. FT. PIERCE FL 34982	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Jamie DiFrancesco*

Jamie DiFrancesco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

(772) 466-1144

CR2E034 (10/02)