

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90361 030 \*\*\*150.00

0633003 AV

**DOCUMENT # P02000062294**

1. Entity Name  
**ROTTACH, INC.**



Principal Place of Business  
**4501 TAMiami TRAIL N STE 300  
NAPLES FL 34103**

Mailing Address  
**4501 TAMiami TRAIL N STE 300  
NAPLES FL 34103**

2. Principal Place of Business  
**4001 TAMiami TRAIL N**

Suite, Apt. #, etc.  
**250**

City & State  
**NAPLES, FL**

Zip  
**34103**

Country  
**COLLIER**

3. Mailing Address  
**4001 TAMiami TRAIL N**

Suite, Apt. #, etc.  
**250**

City & State  
**NAPLES, FL**

Zip  
**34103**

Country  
**COLLIER**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**86-1058713**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL N STE 300  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name  
**F. JOSEPH MCMACKIN III**

Street Address (P.O. Box Number is Not Acceptable)  
**BOND, SCHOENECK & KING, P.A.**

**4001 TAMiami TRAIL NORTH, SUITE 250**

City  
**NAPLES FL** Zip Code **34103**

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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  
MAYER, PETER A  
4501 TAMiami TRAIL N STE 300  
NAPLES FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAYER, PETER A  
4001 TAMiami TRAIL N STE 250  
NAPLES FL 34103** ☒ Change ☐ Addition

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

TITLE  
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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/03/03**

Date Daytime Phone #

CR2E034 (10/02)