

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

PO2000062294

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

3. Mailing Address

4001 TAMiami TRAIL N

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

250

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Zip

34103

Country

COLLIER

Country

COLLIER

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, SCHENECK & 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME MAYER, PETER A
STREET ADDRESS 4501 TAMiami TRAIL N STE 300
CITY-ST-ZIP NAPLES FL 34103

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03

Date

Daytime Phone #

5036003
AV

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

05-01-2003 90361 030 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)