

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004243

1. Entity Name

JOSEPH E. ROTH, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90118 019 ***150.00

Principal Place of Business

8695 COLLEGE PKWY
STE. 305
FT. MYERS FL 33919
US

Mailing Address

8695 COLLEGE PKWY
STE. 305
FT. MYERS FL 33907-1042
US

2. Principal Place of Business

245 SW 43rd Terrace

3. Mailing Address

245 SW 43rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral FL 33914

Zip

33914

Country

USA

Zip

33914

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0556935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, JOSEPH E.
245 SW 43RD TERRACE
CAPE CORAL FL 33914

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.

SIGNATURE

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 DPT ☐ Delete
NAME ROTH, JOSEPH E
STREET ADDRESS 245 SW 43RD TER
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE DS ☐ Delete
NAME ROTH, SHERRY A
STREET ADDRESS 245 SW 43RD TER
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE:

Joseph E. Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 (941) 542-6590

CR2E034 (9/99)