

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

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

245 SW 43rd Terrace

245 SW 43rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Cape Coral, FL 33914

City & State

Cape Coral, FL

City & State

Cape Coral, FL 33914

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

7. Name and Address of New Registered Agent

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ROTH, JOSEPH E	
STREET ADDRESS	245 SW 43RD TER	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROTH, SHERRY A	
STREET ADDRESS	245 SW 43RD TER	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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

4/15/2000 (941) 542-6590

Date

Daytime Phone #

CR2E034 (9/99)