

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023119

1. Entity Name

Low Cost Rooter, Inc. R

Principal Place of Business

Mailing Address

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 016 ***150.00

2. Principal Place of Business

4720 49th St. N.

Suite, Apt. #, etc.

Suite 3

City & State

St. Petersburg, FL

Zip

33709

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3432767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Thomas Strickland
6326 55th Ave N.
St. Petersburg, FL 33709

☐ Delete

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

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☐ Change ☐ Addition

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: Thomas Strickland 7/7/00 727-545-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

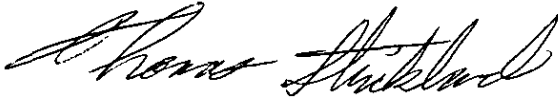
Attachment
DH # P9700023119
00073223

Low Cost Rooter, Inc.
4720 49th St. N. Suite 3
St. Petersburg, FL 33709
727-545-9701

To Whom It May Concern:

I never did receive a renewal form from your agency. I know we did move but I did send in a change of address to the agency last year. I had to call in and find out what happen and a person at your office told me that they did not have the right address. Due to us never receiving the form I hope your office will please accept the normal fee of \$150.00 and please check your database for our new address. If you have any questions please call.

Thank you, ☺

A handwritten signature in cursive script, appearing to read "Thomas Strickland".

Thomas Strickland