

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90007 018 \*\*\*150.00

DOCUMENT # **P970000 28246**

1. Entity Name

**Schroth Investments, Inc**

Principal Place of Business

Mailing Address

**931 N. SR 434 Ste 1201-252  
 Altamonte Springs FL  
 32714**

**AME**

2. Principal Place of Business

3. Mailing Address

**1000 Winderley Pl**

**Po Box 990251**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**H123**

City & State

City & State

**Maitland FL**

**Maitland FL**

Zip

Country

Zip

Country

**32751**

**USA**

**32714**

**USA**

4. FEI Number

**59-3456512**

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

**SCHROTH, ROBERT T**

**931 NBR 434**

**Ste 1201-252**

**Altamonte Springs FL**

**32714 USA**

Name

**Robert Schroth**

Street Address (P.O. Box Number is Not Acceptable)

**1000 Winderley Pl H123**

City

**Maitland**

FL

Zip Code

**32714**

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

**Robert Schroth**

**Robert Schroth**

**4/25/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW! FEES \$150.00**

**Also MAY 2000 fees will be \$50.00**

**AMERICAN 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>Robert Schroth</b>	
STREET ADDRESS	<b>931 N. SR 434 - Ste 1201-252</b>	
CITY - ST - ZIP	<b>Altamonte Springs FL 32714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Schroth</b>	
STREET ADDRESS	<b>Po Box 990251</b>	
CITY - ST - ZIP	<b>Maitland FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**RE REQUIRED**

**Robert Schroth**

**4/25/00**

**907-660-1202**