

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90188 001 ****75.00
01-09-2003 90188 002 ****75.00

DOCUMENT # P98000021451

1. Entity Name
MR. ROOTER OF LEE COUNTY, INC.



Principal Place of Business
**1110 PINE ISLAND ROAD
STE 21
CAPE CORAL FL 33909**

Mailing Address
**2323 DELFRADO BLVD
SUITE 7, PMB 148
CAPE CORAL FL 33990**

2. Principal Place of Business

**720 W 25th Ave
Suite, Apt. #, etc.
Unit 5**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip
33909

Country

Lee

Zip

Country

6. Name and Address of Current Registered Agent

**GARNER, GEORGE SCOTT
2323 DEL PRADO BLVD, STE 7
CAPE CORAL FL 33990**

4. FEI Number **65-0818488**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARNER, GEORGE SCOTT
2323 DEL PRADO BLVD, STE 7
CAPE CORAL FL 33990** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GARNER, TINA
2823 DEL PRADO BLVD STE 7
CAPE CORAL FL 33990** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **Tim Garner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2003 **239-573-7476**
Date Daytime Phone #

CR2E034 (10/02)