

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062503

1. Entity Name

GEORGE A. ROUTH, P.A.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90017 030 ***150.00

Principal Place of Business

1446 COURT STREET
CLEARWATER FL 33756

Mailing Address

1446 COURT STREET
CLEARWATER FL 33756

2. Principal Place of Business

904 Old Mill Pond Rd.

3. Mailing Address

904 Old Mill Pond Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor Florida

City & State

Palm Harbor Florida

Zip

Country

34683 U.S.A.

Zip

Country

34683 U.S.A.

4. FEI Number

59-3556414

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

ROUTH, GEORGE A
1446 COURT STREET
CLEARWATER FL 33756

Name George A. Routh

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

904 Old Mill Pond Road

City Palm Harbor

FL

Zip Code 34683

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, 2001 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 DP ☐ Delete
NAME ROUTH, GEORGE A
STREET ADDRESS 1446 COURT STREET
CITY-ST-ZIP CLEARWATER FL 33756

TITLE President / Director ☒ Change ☐ Addition
NAME George A. Routh
STREET ADDRESS 904 Old Mill Pond Road
CITY-ST-ZIP Palm Harbor, FL. 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

727-938-0515

Daytime Phone #

CR2E034 (10/00)