

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90127 004 ***150.00

DOCUMENT # P98000062503

1. Entity Name
GEORGE A. ROUTH, P.A.

Principal Place of Business
**904 OLD MILL POND RD
 PALM HARBOR FL 34683**

Mailing Address
**904 OLD MILL POND RD
 PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1446 Court Street
 Suite, Apt. #, etc.

3. Mailing Address
904 Old Mill Pond Road
 Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State
Palm Harbor, Florida

4. FEI Number
59-3556414

Applied For
 Not Applicable

Zip
33756
 Country
Pinellas

Zip
34683
 Country
Pinellas

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

6. Name and Address of Current Registered Agent

**ROUTH, GEORGE A
 904 OLD MILL POND RD
 PALM HARBOR FL 34683**

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 _____ (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, 2002 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

TITLE **DP** ☐ Delete
 NAME **ROUTH, GEORGE A**
 STREET ADDRESS **907 OLD MILL POND RD**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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: *George A. Routh* **President** **Feb. 22, 2002** **727/938-0515**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #