

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096425

1. Entity Name
DISASTER RESPONSE TEAM, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90028 025 ***150.00

Principal Place of Business
3823 COLD CREEK DRIVE
VALRICO FL 33594

Mailing Address
3823 COLD CREEK DRIVE
VALRICO FL 33594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4627 River overlook Dr
Suite, Apt. #, etc.

3. Mailing Address
4627 River overlook Dr
Suite, Apt. #, etc.

City & State
VALRICO

City & State
VALRICO

4. FEI Number 59-3543030

Applied For
Not Applicable

Zip 33594

Country

Zip 33594

Country

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

ROTH, RICHARD A
3823 COLD CREEK DRIVE
VALRICO FL 33594

Name

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

4627 River overlook Dr

City VALRICO

FL Zip Code 33594

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 *RR* RICHARD ROTH

3/19/01

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	PS	<input type="checkbox"/> Delete
NAME	ROTH, RICHARD A	
STREET ADDRESS	3823 COLD CREEK DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WINTLE, WILLIAM	
STREET ADDRESS	8488 W. HILLSBOROUGH, #218	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4627 River overlook Dr	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *RR* RICHARD ROTH 3/19/01 305-481-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)