

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90053 010 ***150.00

DOCUMENT # P98000096425

1. Entity Name
DISASTER RESPONSE TEAM, INC.

Principal Place of Business

4627 RIVER OVERLOOK DR
VALRICO FL 33594

Mailing Address

4627 RIVER OVERLOOK DR
VALRICO FL 33594

2. Principal Place of Business

12725 WINDERMERE ISLES
 Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 770335
 Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

ORLANDO, FL

4. FEI Number

59-3543030

Applied For

Not Applicable

Zip

Country

34784

Zip

Country

32877

USA

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

4627 RIVER OVERLOOK DR

VALRICO FL 33594

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

RR

4/25/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME ROTH, RICHARD A
STREET ADDRESS 4627 RIVER OVERLOOK DR
CITY-ST-ZIP VALRICO FL 33594

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 12725 WINDERMERE ISLES PL
CITY-ST-ZIP WINDERMERE, FL 34784

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 407-402-3817

CR2E034 (9/01)