

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040548

1. Entity Name

TRIANA & ROTH, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90156 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~33521 SERENE DRIVE~~  
~~PUNTA GORDA FL 33982~~

~~33521 SERENE DRIVE~~  
~~PUNTA GORDA FL 33982-4513~~

2. Principal Place of Business

2400 Harbor Blvd

Suite, Apt. #, etc.

Suite 2

Port Charlotte FL

Zip

33952

Country

USA

3. Mailing Address

2400 Harbor Blvd

Suite, Apt. #, etc.

Suite 2

Port Charlotte FL

Zip

33952

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0916229

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

GASSMAN, ALAN S. ESQ.  
1245 COURT STREET SUITE 102  
CLEARWATER FL 33756

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

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS ROTH, KRISTIANSSON  
CITY-ST-ZIP 33521 SERENE DRIVE  
PUNTA GORDA FL 33982

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TRIANA, ELIZABETH  
CITY-ST-ZIP 33521 SERENE DRIVE  
PUNTA GORDA FL 33982

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Kristiansson ROTH* KRISTIANSSON ROTH

Date

Daytime Phone #

4-5-00 941-625-1990

CR2E034 (9/99)