

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000103484**

1. Entity Name

ROOTER CORP.**FILED**
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90060 001 ***150.00

Principal Place of Business

**4720 49TH STREET, NORTH, #3
ST. PETERSBURG FL 33709**

Mailing Address

**4720 49TH STREET, NORTH, #3
ST. PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611530

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STRICKLAND, SHERYL
4720 49TH STREET, NORTH, #3
ST. PETERSBURG FL 33709**

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:

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STRICKLAND, SHERYL**
STREET ADDRESS **4720 49TH STREET, NORTH, #3**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

9/11/00 (25) 547-8255

CP2EN04 (1/00)

Rooter Corp.
4720 49th St. N. Suite 3
St. Petersburg, FL 33709
727-547-8255

Attachment
P99000103484
D085150

To Whom It May Concern:

I never received a renewal form from your agency. I know we moved but I sent in a change of address to the agency this year. I had to call and find out what happened and a person at your office told me that they did not have the right address and would send a new form out. This new form now asks for \$550.00. Due to never receiving the original form I hope your office will please accept the normal fee of \$150.00 and please check your database for our new address. If you have any questions please call.

Thank you, ☺



Sheryl Strickland