

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48277

1. Entity Name

DOCTOR ROOTER SUPPLY & SERVICE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90015 023 ***158.75

Principal Place of Business

Mailing Address

RT BOX 8490
3845 REID ST
PALATKA FL 32177
US

RT 1 BOX 8490
3845 REID ST
PALATKA FL 32177-2509
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

RT 8 Box 8490

RT 8 Box 8490

Suite, Apt. #, etc.
3845 Reid St.

Suite, Apt. #, etc.
3845 Reid St

City & State
Palatka, FL

City & State
Palatka, FL

Zip
32177

Country
Putnam

4. FEI Number 59-3128612

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

WALL, THOMAS J.
6007 4TH MANOR EAST
PALATKA FL 32177

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WALL, THOMAS J.
6007 4TH MANOR EAST
PALATKA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STVP
WALL, LAURA R.
6007 4TH MANOR EAST
PALATKA FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

1-5-2000 (904) 325-2634

CF 6014 (MM)