

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405017

1. Entity Name

OLEN WALDREP & SONS ROOFING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90157 005 ***150.00

Principal Place of Business

7000 SW 21ST PLACE
DAVIE FL 33317

Mailing Address

7000 SW 21ST PLACE
DAVIE FL 33317-7133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1420168

Applied For

Not Applicable

Zip

Country

Zip

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

WALDREP, GARY OLEN
7000 SW 21ST PL
DAVIE FL 33317

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALDREP, GARY OLEN
STREET ADDRESS 5640 SW 111TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE ST
NAME WALDREP, DONNA RAE
STREET ADDRESS 5640 SW 111 TERR
CITY-ST-ZIP FT LAUDERDALE FL

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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

01/04/00

Date

954-474-3335

Daytime Phone #

CR2E034 (9/99)