

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23225

1. Entity Name

~~EVANGELISTA & DUNCAN, INC.~~  
Duncan Roofing, Inc.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90030 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3290 PENNSYLVANIA AVENUE  
TITUSVILLE FL 32796

3290 PENNSYLVANIA AVENUE  
TITUSVILLE FL 32796-1268

2. Principal Place of Business

3. Mailing Address

3280 Parrish Rd

3280 Parrish Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Titusville FL

Titusville FL

Zip 32796

Country Brevard

Zip 32796

Country Brevard

4. FEI Number

59-2258964

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

DUNCAN, DENNIS M  
3280 PARRISH RD  
TITUSVILLE FL 32796

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	VST BENTON, RICHARD S 3290 PENNSYLVANIA AVENUE TITUSVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, MIKE 3280 PARRISH ROAD TITUSVILLE, FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOODY, MICHAEL 1695 BIMINI ST. TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/6/2000 (321) 269-9588  
Date Daytime Phone #

CR2E034 (9/99)