

UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 022 ***150.00

DOCUMENT # J08613

Entity Name

CANTONMENT INDUSTRIAL COMMERCIAL ROOFING, INC.

Principal Place of Business

Mailing Address

RD.
 FL 32533-0082

450 NEAL RD.
 CANTONMENT FL 32533-7949

BOOKING



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

59-2655293

Applied For

Not Applicable

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

DANIEL, GLENNIE M
1320 PHALROSE LANE
CANTONMENT FL 32533

Name *Glenniel M. Daniel*
 Street Address (P.O. Box Number is Not Acceptable)

450 Neal Rd

City *Cantonment* **FL** Zip Code *32533*

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Is corporation eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P Delete
DANIEL, GLENNIE M A
1320 PHALROSE LANE
CANTONMENT FL 32533

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V Delete
DANIEL, TIMOTHY M
391 NEAL RD
CANTONMENT FL 32533

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 furnished 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenniel M. Daniel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)