2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000001158**

1. Entity Name
PREMIER ROOFING SPECIALISTS, INC.

Principal Place of Business	Mailing Address
RT. 9, BOX 574 (WALTER LITTLE RD.)	P.O. BOX 2613
LAKE CITY FL 32056	LAKE CITY FL 32056

2. Principal Place of Business	3. Mailing Address
RT. 9, BOX 574 (WALTER LITTLE RD.)	P.O. BOX 2298
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE CITY FL	City & State: LAKE CITY FL
Zip: 32024 Country:	Zip: 32056 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3615320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKE DEAN K
RT. 9, BOX 574 (WALTER LITTLE RD.)
LAKE CITY FL
32056

7. Name and Address of New Registered Agent

Name
COOKE DEAN K
Street Address (P.O. Box Number is Not Acceptable)
RT. 9, BOX 574 (WALTER LITTLE RD.)
City: LAKE CITY FL Zip Code: 32024

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 _____ 04/28/2001
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, 2001 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		☐ Delete	TITLE	S	☐ Change ☒ Addition
			NAME	FLORES MARIBEL TSECRETA	
			STREET ADDRESS	RT 9 BOX 2376	
			CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	V	☐ Change ☒ Addition
			NAME	FLORES RICARDO VICE PR	
			STREET ADDRESS	RT 9 BOX 2376 HWY 47	
			CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	P	☐ Change ☒ Addition
			NAME	COOKE DEAN KPRESIDE	
			STREET ADDRESS	RT 9 BOX 574 WALTER LITTLE RD.	
			CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Maribel T. Flores/Secretary S 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #