## 2000 UNIFORM BUSINESS REPORT (UBR)

AND STATE OF THE PROPERTY OF T

Maiing Address

HOLLY HILL FL 32117-4153

<u> 1016 - 6th Street</u>

Country

usa

3. Mailing Address

City & State 1 32117

Zip

32117

Suite, Apt. #, etc.

1020 - 6TH ST

## DOCUMENT # P93000059915

morpal Place of Business

Y HILL FL 32117

Suite, Apt. #, etc.

Daytona

32117

11.

2. Principal Place of Business

1016 - 6th street

PELLICER, RUTH A

1020 6TH ST

Beach

Country

usa

ALL BERT FAIRCLOTH HOME IMPROVEMENT AND ROOFING,

6. Name and Address of Current Registered Agent

HOLLY HILL FL 32117 Daytona Beach, Fl 32117 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (9/99) STD ☐ Addition ☐ Delete TITLE TITLE PELLICER, RUTH A NAME NAME CHANGE ADDRESS ONLY TO STREET ADDRESS STREET ADDRESS 1020-6TH-ST CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32T17" 6th Street, Daytona ☐ Delete TITLE Beach, Fl 32117 Bea FAIRCLOTH, BERT J. III NAME 1020-6TH-ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 Change Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: Daytime Phone #

**FILED** Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90117 050 \*\*\*150.00

Applied For

\$8.75 Additional

Fee Required

Not Applicable

C0031601 

DO NOT WRITE IN THIS SPACE

59-3195969

7. Name and Address of New Registered Agent

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable)

<del>1016 - 6th Street</del>

5. Certificate of Status Desired