

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 006 ***150.00

DOCUMENT # **P93000082659**

*MC
 FLD
 3/21/01
 (Marm)*

1. Entity Name
~~A DEAN SCHARN, INC.~~ **D ROOFING, INC.**

Principal Place of Business Mailing Address
~~1412 SEAGULL DR. #308~~ **1412 SEAGULL DR. #308**
~~PALM HARBOR FL 34685~~ **PALM HARBOR FL 34685**
 US US

00054196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **14331-60th Street North**
 Suite, Apt. #, etc.

3. Mailing Address **14331-60th Street North**
 Suite, Apt. #, etc.

City & State **CLEARWATER, FL** City & State **CLEARWATER, FL**
 Zip **33760** Country **US** Zip **33760** Country **US**

4. FEI Number **59-3212927** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REISSMAN, MARSHALL G
5001 W. CYPRESS ST., STE. 200
TAMPA FL 33685

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SCHARN, DEAN R	
STREET ADDRESS	1412 SEAGULL DR., #308	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHARN, DEAN R	
STREET ADDRESS	1412 SEAGULL DR., #308	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORECK, ROBERT	
STREET ADDRESS	3005 ALT. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14331-60th Street North	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14331-60th Street North	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dean R. Scharn* **DEAN R. SCHARN PCEO STD** **4-26-01** **727/538-2427**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)