

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90112 005 ***150.00

0135849

DOCUMENT # P94000082384

1. Entity Name
STATE WIDE ROOFING SERVICE INCORPORATED

Principal Place of Business Mailing Address
1817 NW 21ST STREET **1817 NW 21ST STREET**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0533807** Applied For
 Not Applicable

Zip 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

BALTAR, LEVINDO E
1574 SW 21 LN
BOCA RATON FLA 33486

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$350.00**
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	P BAITAR, LEVINDO E <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALTAR, LEVINDO E 1574 SW 21 LN BOCA RATON FLA, 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, CLAUDIO 3109 NW 3RD APT. 3 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9089 SW 1 ST BOCA RATON FLA, 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Levindo Baltar* Date: 4/27/01 Daytime Phone #: (954) 9705061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)