

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA6000097756
 Entity Name
D ROOFING.COM, INC.

APPROVED
AND
FILED

00 MAY -2 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1412 Seagull Dr. 3005 S. MADISON AVE.
APT. ~~307~~ 307 SUITE 5
PALM HARBOR, FL 34685 CLEARWATER, FL 33759

Principal Place of Business 3. Mailing Address
1412 SEAGULL DR. 1412 SEAGULL DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
308 # 308

DO NOT WRITE IN THIS SPACE

City & State City & State
PALM HARBOR, FL PALM HARBOR, FL
 Zip Country Zip Country
34685 USA 34685 USA

4. FEI Number Applied For
59-3418061 Not Applicable

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

6. Name and Address of Current Registered Agent
DEAN SCHARN
1412 SEAGULL DR.
APT. 307
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
 Name MARSHALL G. REISSMAN
 Street Address (P.O. Box Number is Not Acceptable)
5001 W. CYPRESS STREET
STE. 200
 City TAMPA FL Zip Code 33607

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 *Marshall G. Reissman* MARSHALL G. REISSMAN, R.A. 4-28-00
 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, 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

| 1. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>T/S</u> <u>DEAN SCHARN</u> <u>300 S. MADISON AVE #5</u> <u>CLEARWATER, FL 33756</u> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>P</u> <u>ROBERT WHITE</u> <u>812 OLD VILLAGE WAY</u> <u>OLDSMAR, FL 34677</u> | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>VP</u> <u>DWAYNE THOMPSON</u> <u>1401 26TH AVE.</u> <u>ST. PETERSBURG, FL 33704</u> | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PIV/T/S/D</u> <u>DEAN SCHARN</u> <u>1412 SEAGULL DR. # 308</u> <u>PALM HARBOR, FL 34685</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>300003258499--8</u> <u>-05/19/00--01008--003</u> <u>***150.00 ***150.00</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

3. 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 Scharn* DEAN SCHARN, PRES. 4-28-00 727 538-2427
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)