

2000 UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # P97000014504

1. Entity Name
AARON QUALITY ROOFING, INC.

FILED

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Principal Place of Business
12311 164TH COURT NORTH
JUPITER FL 33478

Mailing Address
12311 164TH COURT NORTH
JUPITER FL 33478

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0397847 65-0727062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, JOSE JR
12311 164TH COURT NORTH
JUPITER FL 33478

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE JR	
STREET ADDRESS	12311 164TH COURT NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMOS, MARY C	
STREET ADDRESS	12311 164TH COURT NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003384620--5
STREET ADDRESS	-09/07/00--01004--011
CITY-ST-ZIP	****150.00 ****150.00
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	

CP 11034 (5/00)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

AQRi

AARON QUALITY ROOFING, INC.

July 27, 2000

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Gentlemen:

Subject: Document P97000014504
Aaron Quality Roofing, Inc.

In April 2000, I received the first notice to file my Uniform Business Report. Noticing the identification number did not match my current company's federal identification number, I called your office. I explained to the person who answered the phone the identification number may have been a previous company not my current one. He told me to disregard the notice. I asked if anything else was required of me and he said no.

The second notice came this month and decided I should call again. I spoke to Kathy of your department and found the information originally given me was incorrect; I should simply correct the identification number on the notice.

With this, I am requesting you waive the \$400.00 late charge on my account. I was not negligent in paying just misinformed, and I apologize for any inconvenience to you. Your cooperation in this matter will be greatly appreciated.

Sincerely,

Mary C. Ramos

Mary C. Ramos
Secretary/Treasure