# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 29, 2002 8:00 am**
**Secretary of State**
03-29-2002 91401 042 ***150.00

044101 AV

DOCUMENT # V52543

1. Entity Name
FLAMINGO ROOFING COMPANY II, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 807 49TH STREET SOUTH<br>GULFPORT FL 33707 | 807 49TH STREET SOUTH<br>GULFPORT FL 33707 |

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 59-3251933 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ENGLANDER, LEONARD S<br>5959 CENTRAL AVENUE<br>ST PETERSBURG FL 33710 | Name: ANDREW L. ADLER, ESQUIRE<br>Street Address (P.O. Box Number is Not Acceptable): C/O ANDREW L. ADLER, P.A.<br>501 S. DAKOTA AVE. Suite 7<br>City: TAMPA FL Zip Code: 33606 |

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: [signature] ANDREW L. ADLER 2/26/02
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, 2002 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>PLUMTREE, EDGAR W<br>3917 102 PL. N.<br>CLEARWATER FL 33762 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>PLUMTREE, BONNIE E.<br>3917 102 PL. N.<br>CLEARWATER FL 33762 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>~~William~~ RAMSEY, WILLIAM G.<br>12201 Imperial Drive<br>Seminole, FL. 33772 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/01)

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:** Bonnie E. Plumtree V.P. 3/15/02 727-895-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #