

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101401

1. Entity Name

GENERAL ROOFING ACQUISITION CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90112 041 ***150.00

Principal Place of Business

951 SOUTH ANDREWS AVENUE
POMPANO BEACH FL 33069

Mailing Address

951 SOUTH ANDREWS AVENUE
POMPANO BEACH FL 33069-4610

2. Principal Place of Business

3323 W. Commercial Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Address

3323 W. Commercial Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0800123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME	PD CALICK, GREGG	<input type="checkbox"/> Delete
STREET ADDRESS	951 S. ANDREWS AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME	TSD EBY, DALE	<input type="checkbox"/> Delete
STREET ADDRESS	951 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Wallick, Gregg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3323 W. Commercial Blvd Ste 200	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3323 W. Commercial Blvd Ste 200	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale E. Eby, Treasurer

4/5/00

954/942-3550

CR2E034 (9/99)