2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91339 006 ***150.00

DOCUMENT # P93000082659

NIC FLD 3/21/01 Mam

1. Entity Name

~~A-DEAN-SCHARN, INC.~~ D ROOFING, INC.

Principal Place of Business	Mailing Address
~~1412 SEAGULL DR., #308~~ ~~PALM HARBOR FL 34685~~ US	~~1412 SEAGULL DR., #308~~ ~~PALM HARBOR~~ FL ~~34685~~ US

D0054196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14331-60th Street North	14331-60th Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33760 Country: US	Zip: 33760 Country: US

4. FEI Number 59-3212927 ☐ 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
REISSMAN, MARSHALL G 5001 W. CYPRESS ST., STE. 200 TAMPA FL 33685	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. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	PCEO SCHARN, DEAN R 1412 SEAGULL DR., #308 PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14331-60th Street North CLEARWATER, FL 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHARN, DEAN R 1412 SEAGULL DR., #308 PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14331-60th Street North CLEARWATER, FL 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORECK, ROBERT 3005 ALT. 19 NORTH PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ DEAN R. SCHARN PCEO STD 4-26-01 727/538-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #