

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90018 015 ***550.00

DOCUMENT # 222365

1. Entity Name

AL SPRINGER ROOFING, INC.

Principal Place of Business

890 SW 69TH AVENUE
 MIAMI FLA 33144

Mailing Address

890 SW 69TH AVENUE
 MIAMI FLA 33144

2. Principal Place of Business

3. Mailing Address

1131 PELICAN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD, FL

4. FEI Number

59-0864939

Applied For

Not Applicable

Zip

Country

Zip

Country

33019

FL

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

SPRINGER, ALLEN R
101 SW 48TH COURT
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

1131 PELICAN LANE

City

HOLLYWOOD

FL

Zip Code

33019

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 \$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 **PD** ☐ Delete
 NAME **SPRINGER, ALLEN R**
 STREET ADDRESS **101 SW 48TH CT.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **1131 PELICAN LANE**
 STREET ADDRESS **HOLLYWOOD, FL 33019**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SPRINGER, HELEN R**
 STREET ADDRESS **101 SW 48TH CT.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **1131 PELICAN LANE**
 STREET ADDRESS **HOLLYWOOD, FL 33019**
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

Helene Springer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00
 Date

577-5252
 Daytime Phone #

CR2E034 (5/00)