

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 03-31-2000 90040 009 ***150.00

DOCUMENT # 233065

1. Entity Name
RITE-WAY ROOFING AND SIDING CO

Principal Place of Business Mailing Address
100 HAINES RD 4736 HAINES RD
ST PETERSBURG FL 33714 ST PETERSBURG FL 33714-3238

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 Applied For
59-0919291 ☐ Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIKOLAJCZAK, INEZ
1759 12TH AVE N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent
 Name **MIKOLAJCZAK ZDZISLAW**
 Street Address (P.O. Box Number is Not Acceptable)
1759 12TH AVE N
 City **ST. PETERSBURG** **FL** Zip Code **33713**

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]* (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title, if applicable DATE **4/25/00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE MONTHLY FEE IS \$150.00**
After May 1, 2000 Fee will be \$300.00
State 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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKOLAJCZAK, INEZ M		NAME	MIKOLAJCZAK, ZDZISLAW A	
STREET ADDRESS	1759-12TH AVE N		STREET ADDRESS	1759 12TH. AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713		CITY-ST-ZIP	ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKOLAJCZAK, ZDZISLAW A		NAME	MCCARTHY, MARC E.	
STREET ADDRESS	1759-12TH AVE. N.		STREET ADDRESS	861 27TH. AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, JOSEPH W JR		NAME	PATTEN, JOSEPH W JR.	
STREET ADDRESS	1759-12 AVE N		STREET ADDRESS	1759 12TH. AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713		CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BONNIE L		NAME	BENNETT, BONNIE L	
STREET ADDRESS	1741 12TH AVE N		STREET ADDRESS	1741 12TH. AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713		CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* 3/24/00 (727) 525-1502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ZDZISLAW MIKOLAJCZAK