

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90341 013 ***150.00

DOCUMENT # 285400

1. Entity Name
POOLE ROOFING & SHEET METAL CO

Principal Place of Business

710 S.E. 2ND ST.
P.O. BOX 304
GAINESVILLE FL 32601
US

Mailing Address

P O BOX 304
P.O. BOX 304
GAINESVILLE FL 32602-0304
US

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

59-1056679

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

POOLE, ROY S.
11407 PALMETTO BLVD
TURKEY CREEK
ALACHUA FL 32615

Name **Vivian H. Poole**
Street Address (P.O. Box Number is Not Acceptable)
11407 Palmetto Blvd.
Turkey Creek
City **Alachua** **FL** Zip Code **32615**

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 *Vivian H. Poole* **Vivian H. Poole** **4/15/02**
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 **PTD** ☒ Delete
NAME **POOLE, ROY S**
STREET ADDRESS **11407 PALMETTO BLVD., TURKEY CREEK**
CITY-ST-ZIP **ALACHUA FL**

TITLE **PTD** ☐ Change ☒ Addition
NAME **Vivian H. Poole**
STREET ADDRESS **11407 Palmetto Blvd.**
CITY-ST-ZIP **Alachua, FL 32615 - 9513**

TITLE **VSD** ☐ Delete
NAME **POOLE, MICHAEL L.**
STREET ADDRESS **3622 NW 42ND TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MONDAY, WILLIAM C**
STREET ADDRESS **15209 NW 258TH PLACE**
CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Vivian H. Poole* **Vivian H. Poole** **04/15/02** **(352)378-2341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)