

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90101 024 \*\*\*150.00

**DOCUMENT # 588893**

1. Entity Name  
**DALLY ROOFING, INC.**



Principal Place of Business  
**1371 COMMERCIAL BLVD.  
NAPLES FL 34104  
US**

Mailing Address  
**1371 COMMERCIAL BLVD.  
NAPLES FL 34104  
US**



2. Principal Place of Business  
**4186 DOMESTIC AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4186 DOMESTIC AVE.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES FL.**  
Zip  
**34104**  
Country  
**U.S.A**

City & State  
**NAPLES FL.**  
Zip  
**34104**  
Country  
**U.S.A**

4. FEI Number **59-1859489**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DALLY, BRUCE  
DALLY ROOFING, INC.  
1371 COMMERCIAL BV  
NAPLES FL 33942**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PS</b>	<input type="checkbox"/> Delete
NAME	<b>DALLY, BRUCE</b>	
STREET ADDRESS	<b>3895 31ST AVE. S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104 34117</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DALLY, BRUCE</b>	
STREET ADDRESS	<b>3895 31ST AVE. S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104 34117</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DALLY, JERROD</b>	
STREET ADDRESS	<b>1371 COMMERCIAL BV</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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**

**1-7-03**

Date Daytime Phone #

CR2E034 (10/02)