2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED **DOCUMENT #613121** Mar 31, 2000 8:00 am **Secretary of State** CHEESBRO ROOFING, INC. 03-31-2000 90041 040 ***150.00 Principal Place of Business Mailing Address 1021 S. NOVA RD. 1021 S. NOVA RD. ORMOND BCH FL 32174-7340 ORMOND BCH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1965425 Not Applicable \$8.75 Additional Country Ziρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEESBRO, GORDON P. Street Address (P.O. Box Number is Not Acceptable) 1024 S NOVA RD ORMOND BCH. FL 32174 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) · 🔲 🗆 🔐 "Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Vice President X Addition ☐ Change TITI F Delete William C. Meclure 598 Brooks Cincle South Daylona, 41 CHEESBRO, GORDON P NAME **1820 N NOVA RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORNOND BCH FL Change ☐ Addition ☐ Delete TITLE TITLE THOMPSON, MARTI M NAME NAME 284 S ORCHARD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAVIN. JAMES NAME STREET ADDRESS 1024 S. NOVA ROAD STREET ADDRESS DAYTONA BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

March 23, 2000 (904)