

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90054 043 ***150.00

DOCUMENT # 638017

1. Entity Name

T. DEAN ROOFING, INC.

Principal Place of Business

Mailing Address

161-12TH STREET, S. W.
 LARGO FL 33770
 US

161-12TH STREET, S. W.
 LARGO FL 33770-3123
 US

2. Principal Place of Business

233-12th St SW

3. Mailing Address

233 12th St SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-1960660

Applied For

Not Applicable

Zip **33770**

Country

Zip **33770**

Country

USA

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

DEAN, NORMA DEE
8079 98TH ST NORTH
SEMINOLE FL 33777

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.

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 \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	DEAN, OTIS TONY	
STREET ADDRESS	8079 98TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEAN, NORMA DEE	
STREET ADDRESS	8079 98TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Norma D. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/7/2000

Date

Daytime Phone #

CR2E034 (9/99)