

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833932

1. Entity Name

SOUTHEASTERN ROOFING COMPANY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90176 035 ***158.75

Principal Place of Business

Mailing Address

859 CLAYTON ST
PO BOX 4098
MONTGOMERY AL 36103-1098

859 CLAYTON ST
PO BOX 4098
MONTGOMERY AL 36103-4098

2. Principal Place of Business

859 Clayton Street

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 4098

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Montgomery, Alabama

Zip
36104

Country
USA

City & State
Montgomery, AL 36103-4098

Zip
36103-4098

Country
USA

4. FEI Number 63-0584034

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HEAD, STANLEY E.
30 LAKE FOREST DR
MONTGOMERY AL 36117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HEAD, PHILIP C.
4164 JOHNSTOWN DRIVE
MONTGOMERY AL 36109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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:

Stanley E. Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Head
Secretary/Treasurer

03/29/00 (334) 263-4489

Date

Daytime Phone #

CR2E034 (9/99)