

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002013

1. Entity Name

PYRAMID WATERPROOFING OF FLORIDA, INC.

Principal Place of Business

122 BERRY ROAD
HOUSTON TX 77022

Mailing Address

122 BERRY ROAD
HOUSTON TX 77022-3127

2. Principal Place of Business

364 E. Land Street Road
Suite, Apt. #, etc.

3. Mailing Address

364 E. Land Street Road
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32824

Country

USA

Zip

32824

Country

USA

4. FEI Number

76-0602818

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

TITLE	CPS	<input checked="" type="checkbox"/> Delete
NAME	NAU, TERRY	
STREET ADDRESS	122 BERRY ROAD	
CITY-ST-ZIP	HOUSTON TX 77022	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. McClure	
STREET ADDRESS	315 Doubietree Dr.	
CITY-ST-ZIP	Venetia, PA 15367	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Dille	
STREET ADDRESS	210 Forest Avenue	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas McClure	
STREET ADDRESS	250 Bower Hill Road	
CITY-ST-ZIP	Venetia, PA 15367	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. McClure	
STREET ADDRESS	110 Moore Dr.	
CITY-ST-ZIP	MCMurray, PA 15317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Robert S. McClure Robert S. McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/00 (724)941-5440

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2000-100000