

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00940

1. Entity Name

A-ABLE ROOFING, INC.

Amended

FILED
SECRETARY OF STATE
CORPORATIONS
00 NOV 27 AM 10: 02

Principal Place of Business

16117 DAWNVIEW DRIVE
TAMPA FL 33624

Mailing Address

16117 DAWNVIEW DRIVE
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2241798

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

ANDREWS, JOAN
16117 DAWNVIEW DR
TAMPA FL 33624

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	ANDREWS, JOAN	
STREET ADDRESS	16117 DAWNVIEW DR.	
CITY-ST-ZIP	TAMPA FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003492597--7	
STREET ADDRESS	-12/11/00--01005--001	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	V Gregory Speicher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701-8th Ave. NW, Lot 60	
STREET ADDRESS	Largo, FL. 33770	
CITY-ST-ZIP		
TITLE	V Gregory Speicher, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701-8th Ave. NW, Lot 60	
STREET ADDRESS	Largo, FL. 33770	
CITY-ST-ZIP		
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:

Joan Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/00

Date

Signature Number

CR2E034 (5/00)