

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 002 ***150.00

DOCUMENT # **G00940**

1. Entity Name
A-ABLE ROOFING, INC.



Principal Place of Business
**16117 DAWNVIEW DRIVE
TAMPA FL 33624**

Mailing Address
**16117 DAWNVIEW DRIVE
TAMPA FL 33624**

2. Principal Place of Business

2727 W. Fletcher Ave.

Suite, Apt. #, etc.

Apt. 54 I

City & State

Tampa, Fl.

Zip

33618-3289

Country

Hillsborough

3. Mailing Address

2727 W. Fletcher Ave.

Suite, Apt. #, etc.

Apt. 54 I

City & State

Tampa, Fl.

Zip

33618-3289

Country

Hillsborough



☐ CHECK HERE IF MAKING CHANGES

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

**ANDREWS, JOAN
16117 DAWNVIEW DR
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2727 W. Fletcher Ave. Apt. 54 I

City

Tampa

FL

Zip Code

33618-3289

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	V	<input checked="" type="checkbox"/> Delete
NAME	SPEICHER, GREGORY	
STREET ADDRESS	701-8TH AVE., NW, LOT 60	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPEICHER, GREGORY JR	
STREET ADDRESS	701-8TH AVE. NW LOT 60	
CITY-ST-ZIP	LARGO FL 33770	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 W. Fletcher Ave., Apt. 54 I	
CITY-ST-ZIP	Tampa, Fl. 33618-3289	
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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICOPUR INC. Joan Andrews

4/29/2003

(813) 968-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)