

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72463

1. Entity Name
VO ROOFING, INC.

Principal Place of Business

P.O. BOX 7793
2021 N 52ND AVE
HOLLYWOOD FL 33020
US

Mailing Address

P.O. BOX 7793
HOLLYWOOD FL 33081
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOTT, RON
2021 N. 52 AVE
HOLLYWOOD FL 33020

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 relocating)

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

TITLE NAME ☐ Delete
P MOTT, RON
STREET ADDRESS 2506 N. 38TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE NAME ☐ Delete
V CONNELL, PATRICK
STREET ADDRESS C/O P.O. BOX 7793 N/A
CITY-ST-ZIP HOLLYWOOD FL 33081

TITLE NAME ☐ Delete
V CONNELL, LARRY
STREET ADDRESS C/O P.O. Box 7793
CITY-ST-ZIP Hollywood, FL 33081

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
700004575697-3
STREET ADDRESS -09/07/01--01099--022
CITY-ST-ZIP ****300.00 ****300.00

TITLE NAME ☐ Change ☐ Addition
LS

TITLE NAME ☐ Change ☒ Addition
V CONNELL, LARRY
STREET ADDRESS C/O P.O. Box 7793
CITY-ST-ZIP Hollywood, FL 33081

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

FEI Number

59-2346430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2034 (5/00)