

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G91414**

1. Entity Name  
**MR. ROOFER OF GAINESVILLE, INC.**

Principal Place of Business % JERRY D. O'STEEN 1724 NE 55TH BLVD. GAINESVILLE 32641	FL	Mailing Address % JERRY D. O'STEEN 1724 NE 55TH BLVD. GAINESVILLE 32641	US
-------------------------------------------------------------------------------------------------	----	-------------------------------------------------------------------------------------	----

2. Principal Place of Business % JERRY D. OSTEEN	3. Mailing Address % JERRY D. OSTEEN
-----------------------------------------------------	-----------------------------------------

Suite, Apt. #, etc. 1724 NE 55TH BLVD.	Suite, Apt. #, etc. 1724 NE 55TH BLVD.
-------------------------------------------	-------------------------------------------

City & State GAINESVILLE FL	City & State GAINESVILLE FL
--------------------------------	--------------------------------

Zip 32641	Country US	Zip 32641	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-2411990</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

O'STEEN, JERRY D.  
 1724 NE 55TH BLVD.  
  
 GAINESVILLE FL  
 32601 US

**7. Name and Address of New Registered Agent**

Name OSTEEN JERRY D
Street Address (P.O. Box Number is Not Acceptable) 1724 NE 55TH BLVD.
City GAINESVILLE FL
Zip Code 32601

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 **JERRY D. OSTEEN** DATE **03/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 V	<input type="checkbox"/> Delete
NAME OSTEEN JERRY DJEY	
STREET ADDRESS 5613 NE 78TH PLACE	
CITY-ST-ZIP GAINESVILLE FL 32609	
TITLE ST	<input type="checkbox"/> Delete
NAME OSTEEN, ANN	
STREET ADDRESS 1724 N.E. 55TH BLVD	
CITY-ST-ZIP GAINESVILLE FL	
TITLE P	<input type="checkbox"/> Delete
NAME OSTEEN, JERRY D	
STREET ADDRESS 1724 N.E. 55TH BLVD.	
CITY-ST-ZIP GAINESVILLE FL	
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	<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	

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: **ANN OSTEEN** ST Date **03/12/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)