

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19016

1. Entity Name

SAFEWAY ROOFING, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90072 013 ***150.00

Principal Place of Business

Mailing Address

8630 BENCH DRIVE
PORT RICHEY FL 34668

8630 BENCH DRIVE
PORT RICHEY FL 34668-5301

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 **59-2569737**

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

BLISS, EARL J.
7710 CYPRESS KNEE DRIVE
HUDSON FL 34667

Name

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

18407 LANSEAD DR. E

City

HUDSON

FL

Zip Code

34667

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS BLISS, EARL J.
CITY-ST-ZIP 7710 CYPRESS KNEE DR.
HUDSON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18407 LANSEAD DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME SD
STREET ADDRESS BLISS, GAIL M.
CITY-ST-ZIP 7710 CYPRESS KNEE DR.
HUDSON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18407 LANSEAD DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME V
STREET ADDRESS WICKSTROM, KIMBERLY M
CITY-ST-ZIP 12900 POST ROAD
HUDSON FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS WICKSTROM, ERIC
CITY-ST-ZIP 12900 POST RD
HUDSON FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Earl J. Bliss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21 2000

727 843 0016

Date

Daytime Phone #

EARL J. BLISS

CR2E034 (3/99)