

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90017 022 ***150.00

DOCUMENT # H19016

1. Entity Name
SAFeway ROOFING, INC.

Principal Place of Business
**8630 BENCH DRIVE
 PORT RICHEY FL 34668**

Mailing Address
**8630 BENCH DRIVE
 PORT RICHEY FL 34668**

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.
 18407 LANSFORD DRIVE
 HUDSON FL 34667**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BLISS, EARL J.**
 STREET ADDRESS **18407 LANSFORD DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **BLISS, GAIL M.**
 STREET ADDRESS **18407 LANSFORD DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **18349 Montour Dr**
 CITY-ST-ZIP **Hudson, FL 34667**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **18349 Montour Dr**
 CITY-ST-ZIP **Hudson, FL 34667**

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 all other like empowered.

SIGNATURE: *Gail Bliss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL BLISS

2-23-01

Date

843-0616

Daytime Phone #

PRESIDENT

CR2E034 (10/00)