

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90122 024 \*\*\*150.00

**DOCUMENT # H29571**

1. Entity Name

**G. & R. ROOFING COMPANY, INCORPORATED**

Principal Place of Business C/O TIMOTHY REVELS 11408 131ST AVE LARGO FL 33778 US	Mailing Address C/O TIMOTHY REVELS P.O. BOX 7109 SEMINOLE FL 33775-7109 US
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1 2 0 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12700 Automobile Blvd. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Clearwater, FL	City & State

4. FEI Number 59-2466463	Applied For <input type="checkbox"/> Not Applicable
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Zip 33762	Country US	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~REVELS, TIMOTHY L~~  
 6251 PK BLVD STE 8  
 PINELLAS PARK FL 34665

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	V KNAPPENBERGER, MICHAEL 4920 33RD TERR N ST PETERSBURG FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Revels, Eva 11408 131st Ave. N. Largo, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVELS, TIMOTHY L. 9909-62ND ST.,N. PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALE, FRED H 5369 PARK BLVD. PINELLAS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, FRED 5369 PARK BLVD. PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Timothy L. Revels, President **4/28/00** 727-561-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0547