

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90097 031 ***150.00

DOCUMENT # J95022

1. Entity Name

ALBERT PINAMONTI ROOFING CONTRACTOR, INC.

Principal Place of Business

1299 STARKEY ROAD
#301
LARGO FL 33771
US

Mailing Address

P.O. BOX 867
LARGO FL 33779
US

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 **59-2850325**

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

PINAMONTI, ALBERT
647 PONCE DE LEON
BELLAIR FL 33756

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 NAME	DP PINAMONTI, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS	647 PONCE DE LEON	
CITY-ST-ZIP	BELLEAIR FL	
TITLE NAME	V PINAMONTI, ALEXANDER	<input type="checkbox"/> Delete
STREET ADDRESS	3488 BEGONIA PL.	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	V PINAMONTI, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	8020 ABERDEEN CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	ST PINAMONTI, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS	647 PONCE DE LEON	
CITY-ST-ZIP	BELLEAIR FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

DEBRA A. PINAMONTI 1-28-01 (727) 531-4453

CR2E034 (10/00)