

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90072 031 ***150.00

DOCUMENT # J95022

1. Entity Name

ALBERT PINAMONTI ROOFING CONTRACTOR, INC.

Principal Place of Business

1239 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

PINAMONTI, ALBERT
647 PONCE DE LEON
BELLAIR FL 33756

7. Name and Address of New Registered Agent

Name

PINAMONTI, ALBERT

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

4215 EAST BAY DR.

1505 H

City

CLEARWATER

FL

Zip Code

33764

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	PINAMONTI, ALBERT	
STREET ADDRESS	647 PONCE DE LEON	
CITY-ST-ZIP	BELLAIR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINAMONTI, ALEXANDER	
STREET ADDRESS	3488 BEGONIA PL.	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINAMONTI, BRIAN	
STREET ADDRESS	8020 ABERDEEN CIRCLE	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PINAMONTI, DEBRA	
STREET ADDRESS	647 PONCE DE LEON	
CITY-ST-ZIP	BELLAIR 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4215 EAST BAY DR. # 1505 H
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4215 EAST BAY DR. # 1505 H
CITY-ST-ZIP	CLEARWATER, FL 33764
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

DEBRA A. PINAMONTI

4-29-02

(327)

531-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY - TRIAL

Daytime Phone #

CR2E034 (9/01)