

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2002 90102 030 ***150.00

DOCUMENT # L26317

1. Entity Name

All DAY Roofing + Waterproofing INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 S.W. 7th Terr.

3. Mailing Address

400 S.W. 7th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

65-0162941

Applied For

Not Applicable

Zip

33991

Country

USA

Zip

33991

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name VANCE L. DAY

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

400 S.W. 7th Terr.

City CAPE CORAL FL

FL

Zip Code 33991

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT VANCE L. DAY 400 S.W. 7th Terr. CAPE CORAL FL. 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT JOHN BURKIE III 1727 N.E. 22ND TERR. CAPE CORAL FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary - Treasury SHEILA M. DAY 400 S.W. 7th Terr. CAPE CORAL FL. 33991
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

VANCE L. DAY

VANCE L. DAY - 4-30-02

239-458-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)