

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77267

1. Entity Name

L.C. SOLES ROOFING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90941 019 ***150.00

Principal Place of Business

Mailing Address

%NORMA SOLES
 509 17TH STREET EAST
 BRADENTON FL 34208

%NORMA SOLES
 509 17TH STREET EAST
 BRADENTON FL 34208-1445

2. Principal Place of Business

509 17th St. East

3. Mailing Address

509 17th St East

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FLA.

City & State

Bradenton FLA.

4. FEI Number

65-0202592

Applied For

Not Applicable

Zip

34208

Country

MANATEE

Zip

34208

Country

MANATEE

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

SOLES, NORMA
 509 17TH STREET EAST
 BRADENTON FL 34208

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS SOLES, L.C.
 CITY-ST-ZIP 509 17TH STREET EAST
 BRADENTON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SOLES, NORMA
 CITY-ST-ZIP 509 17TH STREET EAST
 BRADENTON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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:

Norma A. Soles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

941-748-1945

Daytime Phone #

CR2E034 (9/99)