

2001 UNIFORM BUSINESS REPORT (UBR)

0005173 AF

DOCUMENT # L99000000727

1. Entity Name

ROOF TREADS, LLC

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 NORTH NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

Mailing Address

400 NORTH NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3554518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGILVIE, C.H. JR.

400 NORTH NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004316335--6
-05/25/01--01017--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME OGILVIE, C.H. JR.
STREET ADDRESS 400 NORTH NEW YORK AVENUE, SUITE 103
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR
NAME RICHARDSON, BARRIE
STREET ADDRESS 6025 LADY BET COURT
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE ~~BARRIE RICHARDSON~~
NAME ~~BARRIE RICHARDSON~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 (407) 6298282

CR2E083 (11/00)