

2000 UNIFORM BUSINESS REPORT (UBR)

0008368 AF

DOCUMENT # L99000008292

1. Entity Name
CURRIER ROOF TILE, L.L.C.

FILED

00 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2451 CRYSTAL DR.
FORT MYERS FL 33907

Mailing Address
2451 CRYSTAL DR.
FORT MYERS FL 33907-4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

LIFTIG, DEBORAH
2451 CRYSTAL DR.
FORT MYERS FL 33907

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CURRIER, EDWARD A JR.
STREET ADDRESS 6501 WINKLER RD.
CITY- ST- ZIP FORT MYERS FL 33919 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700002193817--1
STREET ADDRESS -04/04/00--01001--017
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME CURRIER, NELL S
STREET ADDRESS 6501 WINKLER RD.
CITY- ST- ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

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:

Nell S. Currier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/6/2000 936-3544
Date Daytime Phone #

CR2E083 (9/99)