

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90105 035 ***150.00

DOCUMENT # M68199

1. Entity Name

A-PLUS ROOFING OF KEY WEST, INC.

Principal Place of Business

Mailing Address

2123 FLAGLER AVE
 KEY WEST FL 33040

1107 KEY PLAZA
 317
 KEY WEST FL 33040-4077
 US

00010110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0037377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FARELLY, GREGORY G.
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST FL 33040

Name: **Gregory G. Farrelly**
 Street Address (P.O. Box Number is Not Acceptable):
c/o Catalfomo & Farrelly
506 Louisa Street
 City: **Key West, FL** Zip Code: **33040**

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 *Gregory G. Farrelly*

Gregory G. Farrelly

01/20/00

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	D	<input type="checkbox"/> Delete
NAME	SCARDINA, VINCENT A.	
STREET ADDRESS	2123 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, RICK EDWARD	
STREET ADDRESS	1703 SOUTH ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gregory G. Farrelly* PRES.

1-20-00 305-296-2568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 034 1999