

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90007 039 ***150.00

DOCUMENT # P00000027532

1. Entity Name

CHARLES LEEG ROOFING, INC.

Principal Place of Business

**5480 S. THRASHER AVE.
HOMOSASSA FL 34446**

Mailing Address

**5480 S. THRASHER AVE.
HOMOSASSA FL 34446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5480 S. Thrasher Ave

Suite, Apt. #, etc.

5480 S. Thrasher Ave.

City & State

HOMOSASSA FL.

City & State

HOMOSASSA FL.

Zip

Country

34446

citrus

Zip

Country

34446

citrus

6. Name and Address of Current Registered Agent

LEEG, CHARLES

**5480 S. THRASHER AVE.
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name **Leeg, Charles**

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

5480 S. Thrasher Ave.

HOMOSASSA FL. 34446

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

No Changes

Charles A. Leeg

3-5-01

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, 2001 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	DPTS	<input type="checkbox"/> Delete
NAME	LEEG, CHARLES	
STREET ADDRESS	5480 S. THRASHER AVE.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, JIMMY	
STREET ADDRESS	5480 S. THRASHER AVE.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITMARSH, MICHEAL	
STREET ADDRESS	5480 S. THRASHER AVE.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No changes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Changes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No changes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Charles A. Leeg
Charles A. Leeg - D.P.T.S.

3-5-01

352-621-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)