

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040675

1. Entity Name

COMPLETE ROOFING OF BREVARD INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90028 024 ***150.00

Principal Place of Business

Mailing Address

3545 N COURTENAY PARKWAY
MERRITT ISLAND FL 32954

P O BOX 542413
MERRITT ISLAND FL 32954-2412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643303

Applied For

Not Applicable

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

SADOWSKY, WALTER F
3545 N COURTENAY PARKWAY
MERRITT ISLAND FL 32954

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, 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	President & Secretary	<input type="checkbox"/> Delete
NAME	SADOWSKY, WALTER F JR	
STREET ADDRESS	3545 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32954	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, DONALD L JR	
STREET ADDRESS	3545 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32954	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKY, WALTER F JR	
STREET ADDRESS	3545 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32954	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Lee de Goldrick	
STREET ADDRESS	356 SARONG CIR	
CITY-ST-ZIP	Merritt Island FL 32952	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2001

(321) 543-3333

CR2E034 (10/00)