

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000059574**

1. Entity Name

GENE'S ROOF COATING, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90003 026 ***150.00

Principal Place of Business

16 MONTOYA AVENUE
FT. PIERCE FL 34950**34951**

Mailing Address

16 MONTOYA AVENUE
FT. PIERCE FL 34950**34951**

2. Principal Place of Business

16 Montoya

Suite, Apt. #, etc.

3. Mailing Address

16 Montoya

Suite, Apt. #, etc.

City & State
FT. Pierce, FlaZip
34951

Country

St. LucieCity & State
FT. Pierce, FlaZip
34951

Country

St. Lucie

4. FEI Number

650184462

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

BRUHN, JOHN D
1109 DELAWARE AVENUE
FT. PIERCE FL 34950

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 State10. 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** ☐ Delete
NAME **SCOGGINS, EUGENE**
STREET ADDRESS **16 MONTOYA AVENUE**
CITY-ST-ZIP **FT. PIERCE FL 34950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GUGGERI, ROBERT**
STREET ADDRESS **134 HINCHMAN AVENUE**
CITY-ST-ZIP **SEBASTIAN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Eugene Scoggins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

561-4659700

Daytime Phone #

CR2E034 (10/00)