

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076974

1. Entity Name
M.D. ROOFING, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90036 004 ***150.00

Principal Place of Business Mailing Address
1437 E RIVER DRIVE **1437 E RIVER DRIVE**
MARGATE FL 33063 **MARGATE FL 33063**

623398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
747 SE 45 Ter **747 SE 45 Ter**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocala FL **Ocala FL**
Zip Country Zip Country
34471 USA **34471 USA**

4. FEI Number Applied For
65-1032411 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
ALLEN, DEBORAH R Name
1437 E RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable)
MARGATE FL 33063 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 *Deborah R Allen* *Deborah R Allen, President* DATE *2/12/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	Deborah Allen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DEBORAH R		NAME	747 SE 45 Ter	
STREET ADDRESS	1437 E RIVER DRIVE		STREET ADDRESS	Ocala FL 34471	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	H. Mitch Allen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, H. MITCH		NAME	747 SE 45 Ter	
STREET ADDRESS	1437 E RIVER DRIVE		STREET ADDRESS	Ocala FL 34471	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Deborah R Allen* *Deborah R Allen President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)