

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90127 049 ***150.00

DOCUMENT # P00000105317

1. Entity Name
LOCAL ROOFING INC.

Principal Place of Business
**5602 FT. PIERCE BLVD.
 FT. PIERCE FL 34951**

Mailing Address
**5602 FT. PIERCE BLVD.
 FT. PIERCE FL 34951**

2. Principal Place of Business

3. Mailing Address

5602 FT Pierce Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT Pierce FL

Zip

34951

Country

ST Lucie

Zip

34951

Country

USA

4. FEE NUMBER

65-1061239

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

**NEWLAND, RICHARD A
 5602 FT. PIERCE BLVD.
 FT. PIERCE FL 34951**

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

01-22-01

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 ☐ Delete

**D
 NEWLAND, RICHARD A
 5602 FT. PIERCE BLVD.
 FT. PIERCE FL 34951**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

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 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

01-22-01

Date

361 971 3249

Daytime Phone #

CR2E034 (10/00)