

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109419

1. Entity Name

RELIABLE ROOF REMOVAL

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90025 043 ***158.75

Principal Place of Business

118 OAK VIEW PL
SANFORD FL 32773

Mailing Address

118 OAK VIEW PL
SANFORD FL 32773

2. Principal Place of Business

home office

Suite, Apt. #, etc.

118 oak view place

City & State

Sanford

Zip

32773

Country

seminole

3. Mailing Address

118 oak view place

Suite, Apt. #, etc.

City & State

Sanford Florida

Zip

32773

Country

seminole

4. FEI Number

59-3697423

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

Name

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

City

FL

Zip Code

TYREE, PETER
118 OAK VIEW PL
SANFORD FL 32773

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

TITLE P/T/S/D/C/M ☐ Delete
NAME Peter Tyree
STREET ADDRESS 118 Oak View Place
CITY-ST-ZIP Sanford, Florida

TITLE V ☐ Delete
NAME william Cooper
STREET ADDRESS 1130 s carpenter st.
CITY-ST-ZIP Orange city, FL 32763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

407-402-9543
407-323-9153

Daytime Phone #

CR2E034 (10/00)