FILED

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

## Jul 26, 2001 8:00 am DOCUMENT # P00000112311 **Secretary of State** 1. Entity Name A-1 TAYLOR ROOFING SERVICES INC 07-26-2001 90007 039 \*\*\*550.00 Principal Place of Business Mailing Address 7865 SW 28 STREET 7865 SW 28 STREET MIAMI FL 33155 69074312 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 12527 SW 14711 LEADAGE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 12527 th teadle City & State 4. FEI Number Applied For RIAMI 65-1060412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 331<u>86</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRYLOR, RANDV MULLIN, EVELYN Street Address (P.O. Box Number is Not Acceptable) 7865 SW 28 STREET MIAMI FL 33155 City 33186 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change ☐ Addition TAYLOR , RANDY 12527 & W 147+1 TERRACE NAME MULLIN. EVELYN NAME STREET ADDRESS 7865 SW 28 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI, FLORIDA 33186 MIAMI FL 33155 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 60X 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.