

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000044678

1. Entity Name

DOCIO'S ROOFING & REPAIRS, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90694 041 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11241 NW 34TH PLACE

3. Mailing Address

11241 NW 34TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1100814

Applied For

Not Applicable

Zip

Country

33065

USA

Zip

Country

33065

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSEPH K. NOFIL, PA

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

3281 N. STATE RD. 7

City

LAUDERDALE LAKES FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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 of registered or principal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

9. This corporation is eligible to satisfy its Intangible

• Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MAGHAN, DOCIO
11241 NW 34TH PLACE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PHILIPSBORN, JOHN
5356 NW 5TH AVENUE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Philipborn

4/30/02
DATE

Daytime Phone #

CR2E034B (12/01)