

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90036 043 \*\*\*150.00

**DOCUMENT # P34598**

1. Entity Name

**A-READY ROOFING CO., INC.**

Principal Place of Business

10193 WALLIEN DR.  
 BROOKSVILLE FL 34601

Mailing Address

10193 WALLIEN DR.  
 BROOKSVILLE FL 34601-5210

2. Principal Place of Business

21220 YONTZ RD.  
 Suite, Apt. #, etc.

3. Mailing Address

21220 YONTZ RD.  
 Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

11-2444034

Applied For

Not Applicable

Zip

Country

34601 USA

Zip

Country

34601 USA

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

JOHNSTON, JOSEPH E. JR.  
 29 SOUTH BROOKSVILLE AVE.  
 BROOKSVILLE FL 34601

Name

Sharon Weenick

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

21220 YONTZ RD.

City

Brooksville

FL

Zip Code

34601

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

Sharon L. Weenick, President

1-14-00

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BUSACCA, THOMAS	
STREET ADDRESS	10193 WALLIEN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	BUSACCA, LAUREL	
STREET ADDRESS	10193 WALLIEN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUSACCA, THOMAS JR	
STREET ADDRESS	10215 TRUDY LYNN DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BUSACCA, ROBERT	
STREET ADDRESS	DEMPSEY RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	PRESIDENT / TREAS / DIRECTOR	<input type="checkbox"/> Delete
NAME	SHARON WEENICK	
STREET ADDRESS	21220 YONTZ RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VICE-PRES. / DIRECTOR	<input type="checkbox"/> Delete
NAME	PAUL WEENICK	
STREET ADDRESS	21220 YONTZ RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKY RLYE	
STREET ADDRESS	1025 DUNLAP DR.	
CITY-ST-ZIP	SPRINGHILL, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Date

Daytime Phone #

Sharon L. Weenick

1-14-00 (352) 796-4300

01/14/1999