

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000006495

1. Entity Name

PHOENIX ROOFING & CONSTRUCTION, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90032 006 ***150.00

Principal Place of Business

Mailing Address

3811 11TH STREET, P112
SHALIMAR FL 32579
US

3811 11TH STREET, P112
SHALIMAR FL 32579
US

2. Principal Place of Business

174 VIA LARGO

3. Mailing Address

174 VIA LARGO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Bch, FL

City & State

Santa Rosa Bch, FL

Zip

Country

32459

Zip

Country

32459

4. FEI Number

65-0369955

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

GAURIA, JORGE
2655 LEJEUNE RD
STE 600
CORAL GABLES FL 33134

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP REED, GAYLAND H 38 11TH STREET, P112 SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REED, DELORES 38 11TH STREET, P112 SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

GAYLAND H. REED, president

Date

4-5-2001 850 622-0013

Daytime Phone #

CR2E034 (10/00)