

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013683

1. Entity Name

GREATER BAY ROOFING, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90039 044 ***150.00

Principal Place of Business

3680-66TH AVE N
PINELLAS FL 34665
US

Mailing Address

3680-66TH AVE N
PINELLAS FL 33781-6124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3158852

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

BEACH, JAMES D
424 CENTRAL AVE.
SUITE 702
ST. PETERSBURG FL 33701

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 of the registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-00

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	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, CALVIN D.	
STREET ADDRESS	139 WALLS ST.	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILEY, JEFFREY L.	
STREET ADDRESS	1918 COUNTRY CLUB RD. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILEY, JEFFREY L.	
STREET ADDRESS	1918 COUNTRY CLUB RD N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHNSON, CALVIN D.	
STREET ADDRESS	139 WALL STREET	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)