

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027209

1. Entity Name

ADVANCED ROOFING PROFESSIONAL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90065 034 ***150.00

Principal Place of Business

11484 NORVELL ROAD
SPRING HILL FL 34608
US

Mailing Address

11484 NORVELL ROAD
SPRING HILL FL 34608-3035

2. Principal Place of Business

11484 Norvell RD.

3. Mailing Address

11484 Norvell RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Zip 34608 Country Herando

4. FEI Number

59-3234035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NARDI, JOSEPH
11484 NORVELL ROAD
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME NARDI, JOSEPH
STREET ADDRESS 11484 NORVELL RD
CITY-ST-ZIP SPRING HILL FL

TITLE ST
NAME NARDI, DEBORAH
STREET ADDRESS 11484 NORVELL RD
CITY-ST-ZIP SPRING HILL FL

TITLE V
NAME VAN BUSKIRK, LARRY
STREET ADDRESS 4939 LAKE WOOD DR
CITY-ST-ZIP RIDGE MANOR FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

Joe Nardi RED Joe Nardi

Date 4/25/00

382 686-8850

Daytime Phone #

CR2E034 (9/99)