

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034465

1. Entity Name

ALL FLORIDA ROOFING AND WATERPROOFING, INC. ✓

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90014 025 ***558.75

Principal Place of Business

Mailing Address

6601 U.S. HWY. 301 S.
RIVERVIEW FL 33569

P. O. BOX 1308
RIVERVIEW FL 33568-1308

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

59-3182768

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

RICE, STEVEN K
8808 MATHOG ROAD
RIVERVIEW FL 33569

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RICE, STEVEN K**
STREET ADDRESS **8808 MATHOG RD.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **V** ☒ Delete
NAME **RIDENNOUS, WILLIAM N**
STREET ADDRESS **528 SOMERSET DR**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **ST** ☐ Delete
NAME **RICE, CARRY S**
STREET ADDRESS **8808 MATHOG RD.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **V** ☒ Delete
NAME **BUCHMEIER, ROBERT**
STREET ADDRESS **4003 FORECAST ST**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Christopher J. Webster**
STREET ADDRESS **63 Hamilton Heath Drive**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

STEVEN K RICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date

(813) 681-6642
Daytime Phone #

CR: 034 1987