

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040455

1. Entity Name

SOUTHERN WATERPROOFING AND RESTORATION, INC.

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

05-09-2000 90081 041 ***150.00

Principal Place of Business

1837 LIVINGSTONE ST.
SARASOTA FL 34231

Mailing Address

1837 LIVINGSTONE ST.
SARASOTA FL 34231-7713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 21465

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

Country

4. FEI Number

65-0417000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROFFER, LAWRENCE E
1837 LIVINGSTONE ST.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

MARYJANE B. TROFFER

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

1837 LIVINGSTONE STREET

City

SARASOTA

FL

Zip Code

34231

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

MARYJANE B. TROFFER, SECRETARY

4/22/00

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

TITLE ☐ Delete

NAME TROFFER, LAWRENCE E
STREET ADDRESS 5629 COLONIAL OAKS BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete

NAME TROFFER, THOMAS P
STREET ADDRESS 4146 BLACK POWDER WAY
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Delete

NAME TROFFER, MARYJANE
STREET ADDRESS 1837 LIVINGSTONE ST
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete

NAME STEPHENSON, TIMOTHY A.
STREET ADDRESS 1837 LIVINGSTONE ST
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYJANE B. TROFFER

Date

Daytime Phone #

4/22/00 (941) 966-2047