

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90200 005 ***150.00

DOCUMENT # P93000043414

1. Entity Name
DOUG DUNNE ROOFING, INC.



Principal Place of Business
**22110 BEVERLY AVENUE N.E.
PORT CHARLOTTE FL 33952**

Mailing Address
**22110 BEVERLY AVENUE N.E.
PORT CHARLOTTE FL 33952**



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 **65-0415728**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNNE, DOUGLAS J SR.
402 BEVERLY AVENUE N.E.
PORT CHARLOTTE FL 33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE (\$150.00)

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNNE SR., DOUGLAS J. 22110 BEVERLY AVE NE PORT CHARLOTTE FL 33952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, WILLIAM A 655 SISTINA STREET PORT CHARLOTTE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNNE, TRACY A. 22110 BEVERLY AVE PORT CHARLOTTE FL 33952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, MARK JR 7579 HAWCHEY ST. NP FL 34287	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas J. Dunne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 941 684 4612
Date Daytime Phone #

CR2E034 (10/02)