

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 006 ***150.00

DOCUMENT # P93000082659

1. Entity Name

~~A-DEAN SCHARN, INC.~~ **D ROOFING, INC.**

*MC
 FLD
 3/21/01
 (Marm)*

Principal Place of Business

Mailing Address

~~1412 SEAGULL DR. #308~~
~~PALM HARBOR FL 34685~~
 US

~~1412 SEAGULL DR. #308~~
~~PALM HARBOR FL 34685~~
 US

2. Principal Place of Business

3. Mailing Address

14331-60th Street North
 Suite, Apt. #, etc.

14331-60th Street North
 Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33760

Country

US

Zip

33760

Country

US

4. FEI Number

59-3212927

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

REISSMAN, MARSHALL G
5001 W. CYPRESS ST., STE. 200
TAMPA FL 33685

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, 2001 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 ☐ Delete
 NAME **PCEO**
 STREET ADDRESS **SCHARN, DEAN R**
 CITY-ST-ZIP **1412 SEAGULL DR., #308**
PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14331-60th Street North**
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **SCHARN, DEAN R**
 CITY-ST-ZIP **1412 SEAGULL DR., #308**
PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14331-60th Street North**
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **NORECK, ROBERT**
 CITY-ST-ZIP **3005 ALT. 19 NORTH**
PALM HARBOR FL 34683

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN R. SCHARN PCEO STD

Date

4-26-01

Daytime Phone #

727/538-2427

CR2E034 (10/00)