

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90198 026 ***158.75

C0069674

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000084118**

1. Entity Name

Parkland Roofing, Inc.

Principal Place of Business

10011 NW 39 CT
Coral Springs FL 33065

Mailing Address

10011 NW 39 CT
Coral Springs FL 33065

2. Principal Place of Business

5667 Godfrey Rd

Mailing Address

5667 Godfrey Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number

65-0581373

Applied For

Not Applicable

Zip

Country

33067

USA

Zip

Country

33067

USA

5. Certificate of Status Desired **X**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Robert I. Chambers
10011 NW 39 CT
Coral Springs FL 33065

7. Name and Address of New Registered Agent

Name **Robert I. Chambers**
 Street Address (P.O. Box Number is Not Acceptable)
5667 Godfrey Rd
 City **Coral Springs** FL **33067**

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 **Robert I. Chambers President**

04/25/01

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

TITLE ☐ Delete
 NAME **Robert I. Chambers**
 STREET ADDRESS **10011 NW 39 CT**
 CITY-ST-ZIP **Coral Springs FL 33065**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Robert I. Chambers**
 STREET ADDRESS **5667 Godfrey Rd.**
 CITY-ST-ZIP **Coral Springs FL 33067**

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

TITLE ☐ Change ☐ Addition
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CR2E034 (11/00)

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 preparer 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: **Robert I. Chambers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 (954) 755-8464

Date Daytime Phone #