

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 90198 025 \*\*\*158.75

DOCUMENT # P93000084129

1. Entity Name

Coral Springs Roofing, Inc.

Principal Place of Business

10011 NW 39 CT  
 Coral Springs FL  
 33065

Mailing Address

10011 NW 39 CT  
 Coral Springs FL  
 33065

C0069675

2. Principal Place of Business

5667 Godfrey Rd

Mailing Address

5667 Godfrey Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Coral Springs FL

City & State  
 Coral Springs FL

4. FFL Number  
 65-0581374

Applied For  
 Not Applicable

Zip  
 33067

Country  
 USA

Zip  
 33067

Country  
 USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Robert J. Chambers  
 Street Address P.O. Box Number is Not Acceptable  
 5667 Godfrey Rd  
 City Coral Springs FL Zip Code 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 J. 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 NAME ☐ Delete  
 Robert J. Chambers  
 STREET ADDRESS 10011 NW 39 CT  
 CITY-ST-ZIP Coral Springs FL 33065

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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: Robert J. Chambers 04/25/01 (954) 755-8464  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)