

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90048 003 \*\*\*150.00

DOCUMENT # P94000023944

1. Entity Name

CORNELIS ROOFING, INC.

Principal Place of Business

Mailing Address

4668 HALIFAX DR  
PORT ORANGE FL 32127  
US

4668 HALIFAX DR  
PT ORANGE FL 32127-4533  
US

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 59-3231276

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

CORNELIS, TERRANCE  
4668 HALIFAX DR.  
PORT ORANGE FL 32127

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CORNELIS, TERRANCE  
STREET ADDRESS 4668 HALIFAX DR  
CITY-ST-ZIP PT ORANGE FL 32127

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

TITLE D ☐ Delete  
NAME CORNELIS, YVONNE  
STREET ADDRESS 4668 HALIFAX DR  
CITY-ST-ZIP PT ORANGE FL 32127

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

TITLE T ☐ Delete  
NAME SAWYER, THOMAS J  
STREET ADDRESS 2227 NOTTINGHAM RD  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

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

TITLE S ☒ Delete  
NAME DENNISON, WILLIAM M  
STREET ADDRESS 1471 FRANCES FR  
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Christopher L. Sawyer  
CITY-ST-ZIP 4668 HALIFAX DRIVE  
Port Orange, FL 32127

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

Date

Daytime Phone #

3/31/2000 9047602732

CR2E034 (9/99)