

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000033941**

1. Entity Name

SUNCREST ROOF SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 AM 8:52

Principal Place of Business

364 SHAMROCK ROAD
ST AUGUSTINE FL 32086

Mailing Address

364 SHAMROCK ROAD
ST AUGUSTINE FL 32086

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 **59-3241689**

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

SOLANA, V J
364 SHAMROCK ROAD
ST AUGUSTINE FL 32086

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

V J SOLANA *V.J. Solana*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTD	<input type="checkbox"/> Delete
NAME	SOLANA, V J	
STREET ADDRESS	364 SHAMROCK ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOLANA, DAVID S	
STREET ADDRESS	230 LILY RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WAITS, ERNEST S	
STREET ADDRESS	2676 HANDS DR	
CITY-ST-ZIP	GREEN COVE SPGS FL	
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NAME	500004499585--5	
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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 REQUIRED

V.J. Solana **V.J. Solana**