

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060283

1. Entity Name

INDEPENDENT ROOF TESTING AND CONSULTING OF SOUTH

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 029 ***150.00

Principal Place of Business

3944 NE 5TH AVENUE
OAKLAND PARK FL
US

Mailing Address

3944 NE 5TH AVENUE
OAKLAND PARK FL 33334-1131
US

2. Principal Place of Business

281 NE 32ND ST
Suite, Apt. #, etc.

3. Mailing Address

281 NE 32ND ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park FL

City & State

Oakland Park FL

4. FEI Number

65-0511105

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

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

TEODER, BOB JR
281 NE 32 ST
OAKLAND PARK FL 33334

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
NAME
ST
AVEN, DONNA K
STREET ADDRESS
6188-A PINE TREE LN.
CITY-ST-ZIP
TAMARAC FL ☐ Delete

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

TITLE
NAME
P
TEDDER, BOBBY W JR.
STREET ADDRESS
101 E. MCNAB RD. #226
CITY-ST-ZIP
POMPANO BEACH FL ☐ Delete

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

TITLE
NAME
D
BUCKNER, JAMES
STREET ADDRESS
% 3944 NE 5TH AVENUE
CITY-ST-ZIP
OAKLAND PARK FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

2-8-00

Date

Daytime Phone #

CR2E034 (9/99)