## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P94000081034** 1. Entity Name D'ANNA BUILDING & ROOFING, INC. 04-14-2000 90103 038 \*\*\*150.00 Principal Place of Business Mailing Address 1360 PLACE VENDOME 1360 PLACE VENDOME WINTER PARK FL 32789 WINTER PARK FL 32789-1389 US 3. Mailing Address 2. Principal Place of Business 2633 Amsden Rd. 2633 Amsden Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3278255 Park Wister Winter Not Applicable Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 32792 32792 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUCHEMIN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 201 S ORANGE AVE **SUITE 1015** ORLANDO FL 32801 Zio 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE D'ANNA, JOSEPH NAME 1368 HIBISCUS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL **VPS** Addition TITLE ☐ Delete ☐ Change D'ANNA, SUSAN NAME STREET ADDRESS 1368 HIBISCUS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Stein 19 acourage

4-10-00

407-671-6166

Daytime Phon