

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000087386

1. Entity Name

ALL FLORIDA ROOFING & REPAIRS, INC.



FILED
Feb 11, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 Allen Hill Avenue

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, FL

Zip

32940

Country

USA
Brevard

3. Mailing Address

2800 Allen Hill Avenue

Suite, Apt. #, etc.

Suite D

City & State

Melbourne, FL

Zip

32940

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3285035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guccione, Michael

Street Address (P.O. Box Number is Not Acceptable)

2800 Allen Hill Avenue

Suite D

City

Melbourne

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Guccione, Michael
STREET ADDRESS	2800 Allen Hill Ave., #D
CITY-ST-ZIP	Melbourne, FL 32940
TITLE	Vice President
NAME	Hilbert, Jonathon
STREET ADDRESS	2800 Allen Hill Ave., #D
CITY-ST-ZIP	Melbourne, FL 32940
TITLE	Vice President
NAME	Wilder, Carl
STREET ADDRESS	2800 Allen Hill Ave., #D
CITY-ST-ZIP	Melbourne, FL 32940
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Guccione

Feb 7, 2003

321/242-

4988

Date

Daytime Phone #

CR2E034B (12/02)