

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022147

1. Entity Name

ALL COUNTIES ROOFING, INC., OF CITRUS COUNTY

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90005 031 ***150.00

Principal Place of Business

Mailing Address

1748 W ALHAMBRA DR
CITRUS SPRINGS FL 34434
US

1748 W ALHAMBRA DR
CITRUS SPRINGS FL 34434-3407
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3301495**

Applied For

Not Applicable

Zip

Country

Zip

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

JACOBSEN, DENNIS
1748 W ALHAMBRA DR
CITRUS SPRINGS FL 34434

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	<input type="checkbox"/> Delete
NAME	JACOBSON, DENNIS	
STREET ADDRESS	1748 W. ALHAMBRA DR.	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACOBSON, ROBERT	
STREET ADDRESS	10091 N EMERALD WAY	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACOBSON, CHERYL	
STREET ADDRESS	1748 W. ALHAMBRA DR	
CITY-ST-ZIP	CITRUSS SPRINGS FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cheryl Jacobson **Cheryl Jacobson** 4/21/00 (352) 465-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)