## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P95000028092** KELLER ROOFING, INC. 05-31-2000 90027 027 \*\*\*550.00 Principal Place of Business Mailing Address 6258 LEEWARD COURT 3.1.2 6258 LEEWARD COURT V0/0 D) - a **ORANGE PARK FL 32073-9013** ORANGE PARK FL 32073 2. Principal Place of Business 3.; Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. City & State Applied For City & State 4. FÉI Number 59-3304674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32073 UJ 32073 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER, RODNEY W Street Address (P.O. Box Number is Not Acceptable). **6258 LEEWARD COURT ORANGE PARK FL 32073** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 90 ☐ Change ☐ Addition TITLE TITLE 👿 Delete KELLER RODNEY W. NAME KELLER, RODNEY W NAME STREET ADDRESS STREET ADDRESS 6258 LEEWARD COURT ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition vpd □ Delete TITLE KELLER CYNTHIA L KELLER, CYNTHIA L NAME 332 CEDAR RUN DR. STREET ADDRESS 6258 LEEWARD COURT STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** SAME-Change ☐ Addition Delete TITI F TITLE NAME ANDERSON, D G NAME STREET ADDRESS 4112 DAIRY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL 32246 Addition ☐ Delete TITLE Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 given like empowered.