

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033833

1. Entity Name

AMERICAN EAGLE ROOFING, INC.

Principal Place of Business

3700 68TH AVE N UNIT G
PINELLAS PARK FL 33781
US

Mailing Address

3700 68TH AVE N
PINELLAS PARK FL 33781
US

2. Principal Place of Business

4711 34th St No

3. Mailing Address

4711 34th St No

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

Unit B

City & State

St Petersburg, Fla

City & State

St Petersburg, Fla

Zip

33714

Country

USA

Zip

33714

Country

USA

6. Name and Address of Current Registered Agent

SHAW, REBECCA L ESQ
150 SECOND AVE N #1500
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

ALBERT MCCLINTIC
Albert McClintic

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/2001

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCLINTIC, ALBERT	
STREET ADDRESS	3700 68TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNIGHT, KEVIN E	
STREET ADDRESS	3700 68TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHT, VICKIE L	
STREET ADDRESS	3700 68TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLINTIC,	
STREET ADDRESS	3700 68TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Albert McClintic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT MCCLINTIC

Date

Daytime Phone #

4/9/2001

727 528 4223

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90163 015 ***150.00

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)

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