

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95 000056925**
 1. Entity Name **All Phase Roof Repair, Inc.**

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 026 ***150.00

Principal Place of Business Mailing Address
4821 N. Orange Blossom Trail
Orlando, FL 32810

2. Principal Place of Business **Orlando, FL**
 3. Mailing Address **4821 N. Orange Blossom Trail**
 Suite, Apt. #, etc.

C0044375

DO NOT WRITE IN THIS SPACE

City & State **Orlando** City & State **FL, 32810** 4. FEI Number **59-3325825** Applied For ☐ Not Applicable ☐
 Zip **32810** Country **US** Zip **32810** Country **US** 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Daniel M. Bryant
2326 Keystone Drive
Orlando, FL

7. Name and Address of New Registered Agent

Name **Scott W. Stoeckert**
 Street Address (P.O. Box Number is Not Acceptable) **4821 N. Orange Blossom Trail**
 City **Orlando, FL** Zip Code **32810**

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 **Scott W. Stoeckert** **Scott W. Stoeckert / President** **3/20/00**
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	Daniel M. Bryant			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Scott W. Stoeckert	5009 Delvin Court	Orlando, FL 32821	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Scott W. Stoeckert** **Scott W. Stoeckert / President** **3/20/00**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)