

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056925

1. Entity Name
ALL PHASE ROOF REPAIR, INC.

Principal Place of Business Mailing Address
4821 N. ORANGE BLOSSOM TRL 4821 N. ORANGE BLOSSOM TRL
ORLANDO FL 32810 ORLANDO FL 32810
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

STOCKERT, SCOTT W
4821 N. ORANGE BLOSSOM TRL
ORLANDO FL 32810

4. FEI Number 59-3325825

Applied For
Not Applicable

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

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 certifies this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida
SIGNATURE *Melissa Stockert*, MELISSA STOCKERT 11/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 11/8/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME STOCKERT, SCOTT W
STREET ADDRESS 5009 DELVIN CT
CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE VP
NAME STOCKERT, MELISSA A
STREET ADDRESS 2326 KEYSTONE DRIVE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 4000047060994 ☐ Change ☐ Addition
NAME
STREET ADDRESS -12/05/01--01055--009
CITY-ST-ZIP ***750.00 ***750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Melissa Stockert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/01 4075329909
Date Daytime Phone #

0013238 AV

CR2E034 (5/01)