

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 006 ***150.00

DOCUMENT # P95000059203

1. Entity Name

GATOR ROOF MASTERS, INC.

Principal Place of Business

~~P.O. BOX 3030~~
FLORIDA CITY FL 33034

Mailing Address

~~P.O. BOX 3030~~
FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599678

Applied For

Not Applicable

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

BURNS, GEORGE A
14901 S.W. 396TH STREET
MIAMI FL 33035

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BURNS, GEORGE A	
STREET ADDRESS	14901 S.W. 396 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33035	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROTH, RUTH	
STREET ADDRESS	14901 S.W. 396 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment 8/20/2008
DWM52

Water Proof Master
Inc
P.O. Box 343030
Florida City - Fla 33034

you have been mailing the first notice
to the "WRONG" address, I DID
not receive the first notice.

Post office management had changed
my P.O. Box number from 3030
to 343030, they had remained
me constantly to use P.O. Box new
number which is the above number written
on red → 343030. Hoping this
will be satisfactory

Thank you TO MY Great
Kindly Government

U. S. Postal Service ROUTING SLIP		Dept., Office or Room No.	<input type="checkbox"/> Approval <input type="checkbox"/> Signature <input type="checkbox"/> Comment <input type="checkbox"/> See Me <input type="checkbox"/> As Requested <input type="checkbox"/> Information <input type="checkbox"/> Read and Return <input type="checkbox"/> Read and File <input type="checkbox"/> Necessary Action <input type="checkbox"/> Investigate <input type="checkbox"/> Recommendation <input type="checkbox"/> Prepare Reply <input type="checkbox"/>
To:	Whom it may concern		
1			
2			
3			
4			
5			
From:	Sta Mgr H City Branch		Extension
Date			Room No.
Remarks: <p>The correct box number for Mr Burns is as follows P.O. Box 343030 H City H 33034-0030</p> <p>Thanks for correcting your records to reflect this correction. This will help greatly in his mail coming efficiently and insures that it will arrive to Mr Burns and not somewhere else.</p>			

Thanks