

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073169

1. Entity Name  
**ALL WEATHER ROOFING AND CONSTRUCTION COMPANY**

Principal Place of Business  
**317 PINE AVENUE  
COCOA FL 32922**

Mailing Address  
**P.O. BOX 3073  
COCOA FL 32924-3073**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-3342512**

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

6. Name and Address of Current Registered Agent  
**KINBERG, EDWARD J ESQ.  
DUGAN, DUGAN AND KINBERG, P.A.  
1775 W. HIBISCUS BLVD., SUITE 209  
MELBOURNE FL 32901**

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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEWART, SARAH A 317 PINE AVENUE COCOA FL 32922</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Sarah A Stewart* **Signature and Typed or Printed Name of Signing Officer or Director** *Vice Pres* *March 29-2000*                                          

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**  
04-07-2000 90014 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CP 11 014 (9/93)