

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90237 008 \*\*\*150.00

**DOCUMENT # P95000077783**

1. Entity Name

**PREMIER TILE ROOFING OF ORLANDO, INC.**

Principal Place of Business

**3221 E. THOMAS ST.  
 INVERNESS FL 34453**

Mailing Address

**P.O. BOX 670  
 INVERNESS FL 34453**

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 **65-0612097**

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

**GOMEZ, JOSE P  
 2126 WEST ST. JOSEPH ST.  
 TAMPA FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-issuing)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PST	GOMEZ, JOSE P	2126 WEST ST. JOSEPH ST. TAMPA FL 33607				
	VP	GOMEZ, JOSE B	2126 W. ST. JOSEPH ST. TAMPA FL 33607				
	VP	GOMEZ, MARCO T	2126 W. ST. JOSEPH ST. TAMPA FL 33607				
	VP	GOMEZ, MARCECINO	2126 W. ST. JOSEPH ST. TAMPA FL 33607				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

*April 20, 2001*

Date

*352 637-2422*

Daytime Phone #

CR2E034 (10/00)