

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000077793**

1. Entity Name

PREMIER TILE ROOFING OF CENTRAL FLORIDA, INC.

Principal Place of Business

**3221 E. THOMAS ST.
STE 1
INVERNESS FL 34453**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**LOPEZ, ALLAN J
6507 N. ADRIANA AVE.
TAMPA FL 33604**

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

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLEGO, JUAN	
STREET ADDRESS	3902 EXPENCE AVE.	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	PST	<input type="checkbox"/> Delete
NAME	LOPEZ, ALLAN JESUS	
STREET ADDRESS	6507 N. ADRIANA AVE.	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	VP	<input type="checkbox"/> Delete
NAME	ORTEGA, LUIS	
STREET ADDRESS	3507 ARLINGTON AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	VP	<input type="checkbox"/> Delete
NAME	TORONO, GORGE	
STREET ADDRESS	1012 1/2 HOLMES AVE.	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90001 028 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0612105**

Applied For

Not Applicable

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

CR2E034 (10/00)