

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080117

1. Entity Name

CHARLES ROOFING OF SOUTH FLORIDA, INCORPORATED

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90178 041 \*\*\*158.75

Principal Place of Business

Mailing Address

8420 ULMERTO RD  
SUITE 468  
LARGO FL 34641  
US

8420 ULMERTO RD  
SUITE 468  
LARGO FL 33771-3864  
US

2. Principal Place of Business

8440 ulmerton RD

3. Mailing Address

8440 ulmerton RD

Suite, Apt. #, etc.

Suite 518

Suite, Apt. #, etc.

Suite 518

City & State

Largo Florida

City & State

Largo Florida

4. FEI Number

59-3340476

Applied For

Not Applicable

Zip

33771

Country

US

Zip

33771

Country

US

5. Certificate of Status Desired

☒ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEMORE, ROBERT J MR  
14800 WALSINGHAM RD  
#1206  
LARGO FL 33774

7. Name and Address of New Registered Agent

Name: Whittemore Robert J MR

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

15 Hibiscus Rd

Belleair

City

FL

Zip Code

33756

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

*Robert J Whittemore*

4-10-2000

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, 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

TITLE: P ☐ Delete  
NAME: WHITEMORE, ROBERT J MR  
STREET ADDRESS: 14800 WALSINGHAM RD., #1206  
CITY-ST-ZIP: LARGO FL 33774

TITLE: VP ☐ Delete  
NAME: WHITEMORE, ROBERT J  
STREET ADDRESS: 14800 WALSINGHAM RD. #1206  
CITY-ST-ZIP: LARGO FL 33774

TITLE: T ☒ Delete  
NAME: MIKLON, MIKE MR  
STREET ADDRESS: 3499 ADRIAN AVENUE  
CITY-ST-ZIP: LARGO FL 34644

TITLE: S ☐ Delete  
NAME: MOORE, BRIAN  
STREET ADDRESS: 3098 46TH AVE N  
CITY-ST-ZIP: ST PETERSBURG FL 33714

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition  
NAME: Whittemore Robert J  
STREET ADDRESS: 15 Hibiscus Rd  
CITY-ST-ZIP: Belleair florida 33756

TITLE: VP ☒ Change ☐ Addition  
NAME: Whittemore Robert J  
STREET ADDRESS: 15 Hibiscus Rd  
CITY-ST-ZIP: Belleair florida 33756

TITLE: T ☐ Change ☒ Addition  
NAME: Whittemore Robert J  
STREET ADDRESS: 15 Hibiscus Rd  
CITY-ST-ZIP: Belleair florida 33756

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

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

TITLE: ☐ Change ☐ 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:

*Robert Whittemore*

4-10-2000

727-530-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #