

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080117**

1. Entity Name

CHARLES ROOFING OF SOUTH FLORIDA, INCORPORATED**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90015 002 ***150.00

0372405

Principal Place of Business

8440 ULMERTON ROAD
STE 518
LARGO FL 33771
US

Mailing Address

8440 ULMERTON ROAD
STE 518
LARGO FL 33771
US**549950**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3340476**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITTEMORE, ROBERT J MR
15 HIBISCUS ROAD
BELLEAIR FL 33756

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	WHITTEMORE, ROBERT J MR	14800 WALSINGHAM RD., #1206	LARGO FL 33774	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	WHITTEMORE, ROBERT J	14800 WALSINGHAM RD. #1206	LARGO FL 33774	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MIKLON, MIKE MR	3499 ADRIAN AVENUE	LARGO FL 34644	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	MOORE, BRIAN	3098 46TH AVE N	ST PETERSBURG FL 33714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 (10/00)