

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90098 007 \*\*\*150.00

DOCUMENT # P95000085237

1. Entity Name  
**STAY-DRY ROOFING OF TAMPA BAY INC.**

Principal Place of Business 3519 E 7TH AVE TAMPA FL 33605 US	Mailing Address 3519 E 7TH AVE TAMPA FL 33605-4428 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3359416</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLORES, DENNIS**  
**3519 E 7TH AVE**  
**TAMPA FL 33605**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE DPT	FLORES, DENNIS R	<input type="checkbox"/>
NAME		
STREET ADDRESS	3519 E 7TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE V	KEENE, JOHN D	<input type="checkbox"/>
NAME		
STREET ADDRESS	3519 E 7TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE S	THOMAS, MIKE	<input type="checkbox"/>
NAME		
STREET ADDRESS	3519 E 7TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE TDP	KIRK, RONALD JR	<input type="checkbox"/>
NAME		
STREET ADDRESS	7901 SINGING CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *DENNIS R FLORES* **President** 4/26/00 (813) 248-1723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)