

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 020 ***150.00

DOCUMENT # P95000095885

1. Entity Name
FLACK'S ROOFING, INC.

Principal Place of Business: **15340 OMAHA STREET HUDSON FL 34667**
 Mailing Address: **15340 OMAHA STREET HUDSON FL 34667-3871**

2. Principal Place of Business: **9930 Bolton Ave.**
 Suite, Apt. #, etc.

3. Mailing Address: **9930 Bolton Ave**
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: **Hudson FL** City & State: **Hudson FL**

4. FEI Number: **65-0638907** Applied For: Not Applicable

Zip: **34667** Country: **Pasco-US** Zip: **34667** Country: **Pasco-US**

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

6. Name and Address of Current Registered Agent
FLACK, MARGARET
15340 OMAHA STREET
HUDSON FL 34667

7. Name and Address of New Registered Agent
 Name: **Flack, Margaret**
 Street Address (P.O. Box Number is Not Acceptable):
9930 Bolton Ave
 City: **Hudson** State: **FL** Zip Code: **34667**

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: *Margaret Flack* DATE: **4-28-00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLACK, MARGARET 15340 OMAHA STREET HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flack, Margaret 9930 Bolton Ave Hudson, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Margaret Flack Margaret Flack* DATE: **4-28-00** DAYTIME PHONE #: **787-863-5576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)