

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008928

1. Entity Name

ACTION ROOFING OF S.W. FL. INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90104 004 ***150.00

Principal Place of Business

Mailing Address

915 S.W. 4TH AVE.
CAPE CORAL FL 33991

915 S.W. 4TH AVE.
CAPE CORAL FL 33991-7616

2. Principal Place of Business

3. Mailing Address

122 SW 39th Place
Suite, Apt. #, etc.

122 SW 39th Place
Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0649516

Applied For

Not Applicable

Zip

Country

33991 USA

Zip

Country

33991 US

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

DAY, DAVID G
915 S.W. 4TH AVE.
CAPE CORAL FL 33991

Name - SAME

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

122 SW 39th Place

City Cape Coral

FL

Zip Code 33991

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]

David G. Day, President

4/28/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DAY, DAVID G	
STREET ADDRESS	915 S.W. 4TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	122 SW 39th Place	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Zezulka	
STREET ADDRESS	18 NE 17th Ave	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Frey	
STREET ADDRESS	4809 Palm Tree Dr.	
CITY-ST-ZIP	Cape Coral, FL 33901	
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		

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]

4/28/00

941-772-5333

Date

Daytime Phone #