

FOR PROFIT CORPORATION ^{AMENDED} UNIFORM BUSINESS REPORT (UBR)

08-06-2002 90280 049 ***61.25
P96000013211

DOCUMENT # P96000013211
1. Entity Name
Avondale Roofing + Waterproofing, Inc.

02 AUG 13 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1769 Glendale Street
Suite, Apt. #, etc.

3. Mailing Address
1769 Glendale Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip Country

City & State
Jacksonville, FL
Zip Country

4. FEI Number
59-3360286
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

1769 Glendale Street
City Jacksonville FL 32205-9368

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 Miller Joiner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-31-2002
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President & Owner
Miller Joiner
1769 Glendale Street
Jacksonville, FL 32205-9368

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Sandra K. Joiner
1769 Glendale Street
Jacksonville, FL 32205-9368

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

8/13

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Miller Joiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-2002, 904-388-4229
Date Daytime Phone #

CR2E034B (12/01)