

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90037 039 ***150.00

DOCUMENT # P96000025669

1. Entity Name

JOSEPH HORSCHEL ROOFING & CONSTRUCTION INC.

Principal Place of Business

1308 E NEW HAVEN AVENUE
MELBOURNE FL 32901

Mailing Address

1308 E NEW HAVEN AVENUE
MELBOURNE FL 32901

2. Principal Place of Business

1505 LAKE STREET

Suite, Apt. #, etc.

3. Mailing Address

1505 LAKE STREET

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL 32901

Zip

32901

Country

US

Zip

Country

4. FEI Number

59-3357968

Applied For

Not Applicable

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

SMITH, STEPHEN

1900 S HARBOR CITY BLVD.

MELBOURNE FL 32901

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

Joseph Horschel

JOSEPH HORSCHEL PRESIDENT 2/5/01

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 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
NAME HORSCHEL, JOSEPH
STREET ADDRESS 509 BAHAMA DRIVE
CITY-ST-ZIP IHB FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CFO
NAME SMITH, STEPHEN
STREET ADDRESS 1900 S. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32901

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joseph Horschel

JOSEPH HORSCHEL 2/5/01
PRESIDENT

321-953-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)