

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 020 ***150.00

DOCUMENT # **P96000032458**

1. Entity Name

**AMERICAN WATERPROOFING OF
NORTH FLORIDA INC.**



DO NOT WRITE IN THIS SPACE

94067674

2. Principal Place of Business

1841 WRIGHT AVE

3. Mailing Address

1841 WRIGHT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

4. FEI Number

59-3384060

Applied For

Not Applicable

Zip

32207

Country

FLORIDA

Zip

32207

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT HERNDON

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

12504 ASH HARBOR DR

City

JACKSONVILLE

FL

Zip Code

32224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

ROBERT D. HERNDON PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ROBERT HERNDON
12504 ASH HARBOR DR
JACKSONVILLE, FLA 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
ROBERT HERNDON
SAME AS ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
ROBERT HERNDON
JACKSONVILLE SAME AS ABOVE**

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04

Date

904 346 0661

Daytime Phone #

CR2E034B (12/02)