

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050245

1. Entity Name

A LEHIGH ROOFING OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90096 001 \*\*\*150.00

Principal Place of Business 540 CONSTRUCTION LN UNIT 10 LEHIGH ACRES FL 33936	Mailing Address 4125 COUNTY ROAD 78 WEST LABELLE FL 33935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1585 GRETCHEN AVE .S Suite, Apt. #, etc. #2		3. Mailing Address 4125 COUNTY RD 78 W Suite, Apt. #, etc. #	
City & State LEHIGH FLA		City & State LABELLE, FL	
Zip 33971	Country	Zip 33935	Country
4. FEI Number 65-0671308		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLION, GEORGE 4125 COUNTY ROAD 78 WEST LABELLE FL 33935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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, 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	P MILLION, GEORGE 4125 COUNTY RD. 78 WEST LA BELLE FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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 furnished 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 information empowered.

SIGNATURE: SIGNATURE REQUIRED 941-369-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #