

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~99~~ 996000054624

1. Entity Name

STAY DRY ROOFING & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

119 FLORAL COURT  
KISSIMMEE, FL 34743

SAME ✓

2. Principal Place of Business

119 FLORAL COURT

3. Mailing Address

119 FLORAL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34743

Country

USA

Zip

34743

Country

USA

4. FEI Number

59-3395338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Celeste Scavone  
119 FLORAL COURT  
Kissimmee, FL 34743

7. Name and Address of New Registered Agent

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

*Celeste Scavone*

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

TITLE ~~President, VP, Secretary~~ ☐ Delete  
NAME ~~Raymond J. Scavone, Jr.~~  
STREET ADDRESS ~~119 FLORAL COURT~~  
CITY-ST-ZIP ~~KISSIMMEE, FL 34743~~

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~P/VP/S~~ ☐ Change ☐ Addition  
NAME ~~Raymond J. Scavone, Jr.~~  
STREET ADDRESS ~~119 FLORAL COURT~~  
CITY-ST-ZIP ~~KISSIMMEE, FL 34743~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

*Raymond J. Scavone, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

348-9342

Daytime Phone #

CR2E034 (9/99)