

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 036 ***150.00

DOCUMENT # P96000083010

1. Entity Name

Burchfield Roofing, Inc.

Principal Place of Business

Mailing Address

4211 US #1 South #142
 St. Augustine, FL
 32086

4211 US #1 South
 St Augustine, FL
 32086

2. Principal Place of Business

855 Wildwood Drive

3. Mailing Address

855 Wildwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

00049219

City & State

St Augustine FL

City & State

St. Augustine, FL

4. FEI Number

59-3410747

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

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

Damian J. Bavuso
 24 Cathedral Place Suite 200
 St. Augustine, FL 32084

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

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 ☐ Delete
 NAME Burchfield, Joseph G
 STREET ADDRESS 855 Wildwood Drive
 CITY - ST - ZIP St. Augustine, FL 32086

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Joseph G. Burchfield Joseph G. Burchfield

4-28-00 904-777-3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #