

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90024 012 ***150.00

DOCUMENT # P97000052045

1. Entity Name

COCKNEY ROOFING, INC.

Principal Place of Business

Mailing Address

**3735 ALABAMA AVENUE NORTHEAST
 ST PETERSBURG FL 33703**

**3735 ALABAMA AVENUE NORTHEAST
 ST PETERSBURG FL 33774-3852**

DUU13189

2. Principal Place of Business

14481 OLIVER STREET

Suite, Apt. #, etc.

3. Mailing Address

14481 OLIVER STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

LARGO - FL

4. FEI Number

59-3454087

Applied For

Not Applicable

Zip

33774

Country

Zip

33774

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONLON, CHARLES P
 3735 ALABAMA AVE NE
 200 CENTRAL AVENUE
 ST PETERSBURG FL 33703**

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

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	D	<input type="checkbox"/> Delete
NAME	CONLON, CHARLES P	
STREET ADDRESS	3735 ALABAMA AVENUE NORTHEAST	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLON, DENISE	
STREET ADDRESS	3735 ALABAMA AVENUE NORTHEAST	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, CHARLES P	
STREET ADDRESS	14481 OLIVER STREET	
CITY-ST-ZIP	LARGO - FL - 33774	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, DENISE	
STREET ADDRESS	14481 OLIVER STREET	
CITY-ST-ZIP	LARGO - FL - 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-2000

Date

727-521-2222

Daytime Phone #