2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052269

1. Entity Name

ROOFING BY S.E. SPICER INC

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90005 044 ***150.00

Principal Place of Business	Mailing Address
13521 BELLWOOD AVE SEMINOLE FL 33776 US	13521 BELLWOOD AVE SEMINOLE FL 33774-4708 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10855 VONN ROAD	10855 VONN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State: LARGO, FL
Zip: 33774 / Country: PINELLAS	Zip: 33774 / Country: PINELLAS

4. FEI Number 59-3459365 ☐ Applied For ☐ Not Applicable

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
SPICER, SHARON 13521 BELLWOOD AVE SEMINOLE FL 33776	Name: SPICER, SHARON Street Address (P.O. Box Number is Not Acceptable): 10855 Vonn Road City: Largo FL Zip Code 33774

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	D SPICER, SHARON 13521 BELLWOOD AVE SEMINOLE FL 33776 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPICER, SHARON 10855 Vonn Road Largo, FL 33774 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 3/14/00 727-517-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #