

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088409

1. Entity Name

VRI ROOF REPAIR, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90100 031 ***150.00

Principal Place of Business

Mailing Address

1768 SW BILTMORE STREET
PORT ST. LUCIE FL 34983
US

1768 SW BILTMORE STREET
PORT ST. LUCIE FL 34984-3418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0812076**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MURWAY, JANESS
3825 SW KOBA STREET
PORT ST. LUCIE FL 34953

Name **MURWAY, JANESS**
Street Address (P.O. Box Number is Not Acceptable)
225 SE RAY AV
City **PORT ST LUCIE** **FL** Zip Code **34783**

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

JANESS E. MURWAY P. / P.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-18-00
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 **D** ☐ Delete
NAME **VITONE, GUY D**
STREET ADDRESS **3825 SW KOBA STREET**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

GUY D. VITONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

CR2E034 (9/99)