

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90014 041 \*\*\*150.00

**DOCUMENT # P97000099779**

1. Entity Name

**HOME PRO ROOFING, INC.**

*R*

Principal Place of Business

10100 CASEY DRIVE  
 NEW PORT RICHEY FL 34654

Mailing Address

10100 CASEY DRIVE  
 NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3499831**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HLOSKA, PAUL F**  
**10100 CASEY DRIVE**  
**NEW PORT RICHEY FL 34654**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<b>HLOSKA, PAUL F</b>		
	<b>10100 CASEY DRIVE</b>		
	<b>NEW PORT RICHEY FL 34654</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**STATE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07-11-00* *727-849-7691*  
 Date Daytime Phone #

PA7000004774

AD008460

# HOME PRO

Roofing & Repair, Inc.

STATE CERTIFIED ROOFING CONTRACTOR LICENSE...NUMBER C022500

TO Whom it MAY Concern,

This Corporation did not receive the first notice for my 2000, Corporation Papers, I do not feel the I should pay the Fine of (\$400.00) Dollars, Enclosed is a ck for my File Fee of \$150.00 for my first notice

Please feel free as always to contact me at my office if you need any further assistance.

Yours Truly,



Paul Hloska  
President  
Home Pro Roofing & Repair, Inc

Local 727-849-7691

Toll Free

800-517-6999

10100 Casey Dr. New Port Richey, Florida 34654