

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109022

1. Entity Name
KLARA ROOFING, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90030 004 ***550.00

Principal Place of Business
236 NORTH EAST 1ST COURT
SATELLITE BEACH FL 32937

Mailing Address
236 NORTH EAST 1ST COURT
SATELLITE BEACH FL 32937

00107047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3483684

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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

TITLE PSTD
NAME LIPPONER, VINCENT K
STREET ADDRESS 236 NORTH EAST 1ST COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

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

TITLE V
NAME BAYS, DAVID
STREET ADDRESS 236 NORTH EAST 1ST COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Delete

TITLE Vice President
NAME Ric Pank
STREET ADDRESS 2377 Duane Ave.
CITY-ST-ZIP Melb. FL 32935 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice President
NAME Paul Hodge
STREET ADDRESS 680 Pelican Dr.
CITY-ST-ZIP Sat. Bch. FL 32937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SICILIPONER VINCENT K LIPPONER

9-13-00

Date

321

409-773-3679

Daytime Phone #

CR2E034 (5/00)