5/24/00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000660

1. Entity Name

ALL PRO ROOFING INC.

FILED

00 MAY 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1200 BELLE AVE. #102 WINTER SPRINGS FL 32708	P.O. BOX 300993 FERN PARK FL 32730-0993

2. Principal Place of Business: 6350 Edgewater Dr. Unit 2900	3. Mailing Address: 6250 Edgewater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2900
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32810 Country: Orange	Zip: 32810 Country

DO NOT WRITE IN THIS SPACE

03/22/00 90010 028

4. FEI Number: 59-3596... APPLIED FOR — 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
MCFARLIN, FREDRICK 1021 CRESTVIEW LN. CASSELBERRY FL 32707	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCFARLIN, FREDERICK 1021 CRESTVIEW LN CASSELBERRY FL 32707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McFarlin Frederick 6250 Edgewater Dr. Unit 2900 Orlando, Fl 32810 ☐ 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 REQUIRED 3/15/2000 407-673-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/24