

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2002 8:00 am
Secretary of State

05-27-2002 90437 003 ***150.00

DOCUMENT # **9980000000660**

1. Entity Name
All PRO ROOFING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6250 Edgewater Dr Unit 2900

3. Mailing Address
P.O. Box 300993

City & State
Orlando Florida
Zip
32810
Country
USA

City & State
Fern Park Florida
Zip
32730
Country
USA

4. FEI Number
593596744

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **McFarlin, Frederick, PD**
Street Address (P.O. Box Number is Not Acceptable)
1021 Crestview Lane
City **Casselberry FL** Zip Code **32707**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME **PD McFarlin, Frederick**
STREET ADDRESS **6250 Edgewater Dr Unit 2900**
CITY - ST - ZIP **Orlando, 32810**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Frederick McFarlin** **Frederick McFarlin** **7/7/2002** **4076732344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)