2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000004040** May 01, 2000 8:00 am 1. Entity Name J DAN RIGGINS ROOFING, INC. Secretary of State 05-01-2000 90399 009 ***150.00 Principal Place of Business Mailing Address 1411 S. ORANGE AVE. 1411 S. ORANGE AVE. GREENCOVE SPRINGS FL 32043-4301 GREENCOVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3485581 Not Applicable Country Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNDERHILL, VICKIE Street Address (P.O. Box Number is Not Acceptable) 2411 ROGERO RD. JACKSONVILLE FL 32211 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **☑** Detete TITI F ☐ Change Addition TITLE LANDERHILL, VICKIE L NAME NAME STREET ADDRESS STREET ADDRESS 1411 S. ORANGE AVE. S. CITY-ST-ZIP CITY-ST-ZIP **GREENCOVE SPRINGS FL 32043** ☐ Change ☐ Addition TITLE LANDERHILL, CHARLES D NAME STREET ADDRESS 1411 S. ORANGE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENCOVE SPRINGS FL 32043** ☐ Addition Change ☐ Delete TITLE NAME underhill, Charles D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32043 CITY-ST-ZIP GREEN COVE SPRING FL Addition Change TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appears, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04.24.00

(904) 529-7262

Daytime Phone #