

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019781

1. Entity Name

PACESETTER ROOFING SYSTEMS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90249 012 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1312 APOLLO BEACH BLVD 1312 APOLLO BEACH BLVD
#H #H
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-3049

2. Principal Place of Business 3. Mailing Address
1618 U.S. HWY 41 6615 Dolphin Cove
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Buskin FL Apollo Beach FL
Zip Country Zip Country
33570 USA 33572 USA

4. FEI Number 59-3496166 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHEVALIER, JEFFREY
1312 APOLLO BEACH BLVD
#H
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name JEFF CHEVALIER
Street Address (P.O. Box Number is Not Acceptable)
6615 Dolphin Cove
City Apollo Beach FL Zip Code 33572

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

TITLE PSTD
NAME CHEVALIER, JEFFREY
STREET ADDRESS 1312 APOLLO BEACH BLVD #H
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JEFF CHEVALIER
STREET ADDRESS 6615 Dolphin Cove
CITY-ST-ZIP Apollo Beach FL 33572 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFF CHEVALIER

Date 4/26/00 Daytime Phone # (813) 641-0024

CR2E034 (9/99)