

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031777

1. Entity Name

ROOF BRITE OF WEST VOLUSIA CTNY., INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90003 047 ***150.00

Principal Place of Business

209 S ORANGE AVE
DELAND FL 32720

Mailing Address

209 S ORANGE AVE
DELAND FL 32721-3924

2. Principal Place of Business

403 Berwick Circle

3. Mailing Address

403 Berwick Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Deland FL

City & State
Deland FL

4. FEI Number 59-3504043

Applied For
Not Applicable

Zip
32720

Country

Zip
32724

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

GAGNIER, RENE JOHN

209 S ORANGE AVE

DELAND FL 32720

403 Berwick Cir
Deland FL 32724

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
D
GAGNIER, RENE JOHN
~~209 S ORANGE AVE~~
~~DELAND FL 32720~~
403 Berwick Cir
Deland FL 32724

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST GAGNIER
GAENER, CHARLENE
~~209 S ORANGE AVE~~
~~DELAND FL 32720~~
403 Berwick Cir
Deland FL 32724

☐ Delete

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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 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

Date

Daytime Phone #

Charlene Gaener

3/6/00

904-736-3999

CR2E034 (9/99)