

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047250

1. Entity Name

NATIONWIDE ROOF SYSTEMS, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90067 047 ***150.00

Principal Place of Business

Mailing Address

2074 THOMASVILLE RD

701 BRAZOS

C/O DOVE

701 BRAZOS, STE 500

TALLAHASSEE FL 32312

STE 500

P.O. BOX 10426

AUSTIN TX 78701

PO BOX 1208

AUSTIN TX

TALLAHASSEE FL 32302-2426

Adison TX 75001

78701

2. Principal Place of Business

3. Mailing Address

701 BRAZOS, STE

701 BRAZOS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

AUSTIN 500

City & State

City & State

AUSTIN TX

AUSTIN TX

Zip

Zip

78701

78701

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOVE, JOYCE S
2074 THOMASVILLE RD
TALLAHASSEE FL 32312

Name
Street Address (P.O. Box Number is Not Acceptable)
203 N. Gadsden St #3
City Tallahassee FL Zip Code 32301

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]* DATE 1/13/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	NEEDHAM, DAN
STREET ADDRESS	2903 STITES ST 1105 P.O. Box 1208
CITY-ST-ZIP	DALLAS TX 75204 Adison, TX 75001
TITLE	Needham, DAN <input type="checkbox"/> Delete
NAME	2601 Sclafeld Ridge #624
STREET ADDRESS	AUSTIN TX 78727 President
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 address, with all other live empowered.

SIGNATURE: *[Signature]* DATE 03/01/00 DAYTIME PHONE # 512 431-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)