

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049676

1. Entity Name
ROB NOOJIN ROOFING, INC.

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

09-15-2000 90005 014 ***550.00

Principal Place of Business
1707 E 4TH AVE
TAMPA FL 33605

Mailing Address
1707 E 4TH AVE
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3519750

Applied For
Not Applicable

Zip

Country

Zip

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

COLE, ROBERT
7903 SINGING COURT PL
TAMPA FL 33615

Name
Street Address (P.O. Box Number is Not Acceptable)
5002 BARROWE PLACE
City TAMPA FL Zip Code 33624

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	☐ Delete
NAME	NOOJIN, ROBERT L	
STREET ADDRESS	1140 ARLANIE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	V	☐ Delete
NAME	COLE, ROBERT	
STREET ADDRESS	7903 SINGING CT PL	
CITY-ST-ZIP	TAMPA FL 33615-1507	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☒ Change ☐ Addition
NAME	COLE, ROBERT	
STREET ADDRESS	5002 BARROWE PLACE	
CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 like empowered.

SIGNATURE:

Robert Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000 813-888-8833
Date Daytime Phone #

CP2E034 (5/00)