

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90107 031 \*\*\*150.00

**DOCUMENT # P98000065560**

1. Entity Name

**1ST FLORIDA ROOFING CO.**

Principal Place of Business

Mailing Address

600 SOUTH MYRTLE AVENUE  
 CLEARWATER FL 33756

600 SOUTH MYRTLE AVENUE  
 CLEARWATER FL 33756-5616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3527919**

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

**MAYS, ROBERT W**  
**12813 WILD ACRES ROAD**  
**LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

**Mays, Robert W.**

Street Address (P.O. Box Number is Not Acceptable)

**600 S. myrtle Av.**

City

**Clearwater**

**FL**

Zip Code

**33756**

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

**Robert W. Mays**  
 Signature, typed or printed name of registered agent and title if applicable.

**Robert W. Mays**

(NOTE: Registered Agent signature required when reinstating)

**4-28-00**

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	PST	<input type="checkbox"/> Delete
NAME	MAYS, ROBERT W	
STREET ADDRESS	12813 WILD ACRES ROAD	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSFORD, OWEN W	
STREET ADDRESS	886 SOUTHWIND LN	
CITY-ST-ZIP	LARGO-FL 33771	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mays, Robert W.	
STREET ADDRESS	600 S. myrtle Av.	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mays, Rebecca J.	
STREET ADDRESS	600 S. myrtle Av.	
CITY-ST-ZIP	Clearwater, FL 33756	
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		

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:

**Rebecca J Mays**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00**

Date

**727-442-3707**

Daytime Phone #

CR2E034 (9/99)