

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072320

1. Entity Name

CAMPBELL ROOFING & SHEET METAL, INC.

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

09-15-2000 90008 022 ***550.00

Principal Place of Business

605 SE 3RD STREET
 CAPE CORAL FL 33990

Mailing Address

605 SE 3RD STREET
 CAPE CORAL FL 33990

2. Principal Place of Business

2603 N.E. 9th Av.

3. Mailing Address

PO Box 150175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral

Zip

33909

Country

USA

Zip

33915-0175

Country

USA

4. FEI Number

59-2769066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F
 2222 SECOND STREET
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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 \$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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MARY	
STREET ADDRESS	605 SE 3RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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	President, Sec, Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toshua Campbell	
STREET ADDRESS	2603 NE 9th Ave	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	Travis Campbell Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2603 NE 9th Ave	
STREET ADDRESS	Cape Coral, FL 33909	
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
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: ✓

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toshua Campbell, Pres.

9/8/00

941-283-1600

Date

Daytime Phone #

CR2E034 (5/00)