

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90135 014 ***158.75

DOCUMENT # P98000095626

1. Entity Name

EXPRESS ROOFING SERVICE, INC.

Principal Place of Business

Mailing Address

**101 N LAKE BLVD
PLANT CITY FL 33567**

**P.O. BOX 4982
PLANT CITY FL 33564**

721587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3410 Bruton Rd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City, FL

Zip

Country

Zip

Country

33565

USA

4. FEI Number **59-3542587**

Applied For

Not Applicable

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

**LINDSAY, JOHN B
101 N LAKE BLVD
PLANT CITY FL 33567**

Name

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

3410 Bruton Rd.

City

Plant City

FL

Zip Code

33565

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 **John B. Lindsay Pres.**

(NOTE: Registered Agent signature required when reinstating)

1-12-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	LINDSAY, JOHN B	
STREET ADDRESS	101 N LAKE BLVD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINDSAY, SHARRON A	
STREET ADDRESS	101 N LAKE BLVD	
CITY-ST-ZIP	PLANT CITY FL 33567	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3410 Bruton Rd.	
CITY-ST-ZIP	Plant City FL 33565	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon	
STREET ADDRESS	3410 Bruton Rd.	
CITY-ST-ZIP	Plant City FL 33565	
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: **John B. Lindsay Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)