## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000096112 May 08, 2000 8:00 am Secretary of State KURT DOMBROSKI ROOFING CONTRACTOR, INC. 05-08-2000 90082 028 \*\*\*150.00 Principal Place of Business Mailing Address 14605 49TH ST N 14605 49TH ST N UNIT 24 UNIT 24 CLEARWATER FL 33770 **CLEARWATER FL 33762-2810** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State -59-3558965 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOMBROSKI, KURT Street Address (P.O. Box Number is Not Acceptable) 200 ARBOR DR., PALM HARBOR **CLEARWATER FL 34683** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME DOMBROSKI, KURT NAME STREET ADDRESS 200 ARBOR DR., PALM HARBOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34683** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE - 🗀 Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute mis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee en changed, or on an attachment with an addres