

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096417

1. Entity Name
D.R.T. ROOFING, INC.

Principal Place of Business
3823 COLD CREEK DRIVE
VALRICO FL 33594

Mailing Address
3823 COLD CREEK DRIVE
VALRICO FL 33594

2. Principal Place of Business

12725 WINDERMERE ISLE PL

3. Mailing Address

Sunny

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

Zip

34784

Country

ORANGE

Zip

Country

4. FEI Number 65-0876665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, RICHARD A
3823 COLD CREEK DRIVE
VALRICO FL 33594

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

RRX

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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

TITLE PS
NAME ROTH, RICHARD A
STREET ADDRESS 3823 COLD CREEK DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE V
NAME WINTLE, WILLIAM
STREET ADDRESS 8488 W. HILLSBOROUGH, #218
CITY-ST-ZIP TAMPA FL 33615 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 12725 WINDERMERE ISLE PL.
CITY-ST-ZIP WINDERMERE, FL 34784 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

RRX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-481-0120

Daytime Phone #

0337967

CR2E034 (10/00)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90092 030 ***150.00



DO NOT WRITE IN THIS SPACE