2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # P98000097020 Apr 22, 2000 8:00 am Secretary of State CHARLEY'S ROOFING SERVICES, INC. 04-22-2000 90127 049 ***150.00 Principal Place of Business Mailing Address 3700 HOLIDAY LAKE DRIVE 3700 HOLIDAY LAKE DRIVE HOLIDAY FL 34691 HOLIDAY FL 34688-2506 AJU44361 2. Principal Place of Business 3. Mailing Address 1421 Watermil Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3532861 Tarbon Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANKROM, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 3700 HOLIDAY LAKE DRIVE 421 Watermill Cir HOLIDAY FL 34691 Zip Code FL 34689 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Change Change Addition Delete TITLE TITLE Ankrom, Charles B 1421 Watermill Cik. ANKROM, CHARLES B NAME STREET ADDRESS 3700 HOLIDAY LK. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 Tarpon Springs, FL 3468° Change ☐ Delete TITLE Addition TITI F DRAPER, Brad DRAPER, BRAD NAME 4039 FairFORD DR. STREET ADDRESS 5405 GOLDEN NUGGET DR. STREET ADDRESS new Port RicheyiFL 34652 CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 _ Change Addition ☐ Delete TITLE TITLE REYES, LOUIS NAME NAME 3130 COLDWELL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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