2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P98000097375 RELIABLE ROOFERS, INC. 05-12-2000 90008 021 ***150.00 Mailing Address Principal Place of Business 1070 SW 55 AVE 1070 SW 55 AVE MARGATE FL 33068-2953 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0884221 Not Applicable \$8:75-Additional-Zip Country Zip 5. Certificate of Status Desired 🗀 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FABIAN WATSON Street Address (P.O. Box Number is Not Acceptable) WATSON, O'BRIAN 1070 SW 55 AVE MARGATE FL 33068 registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or 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 .. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICE - PRESIDENT Addition ☐ Change TIT! F TITLE ☐ Delete FABIAN WATSON NAME NAME WATSON, O'BRIAN 1070 S.W 55th Aue Margate Fl. 33068 STREET ADDRESS STREET ADDRESS 1070 SW 55 AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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