2000 ♥NIFORM BUSINESS REPORT (UBR)

	VIIII CIIII DOC			<u>, – – – </u>	· ·
DOCUMENT # P99 0 0 0 0 1 4 4 4 2 1. Entity Name FILED					
CARROllwood Roofing Co.					SECRETARY OF STATE REVISION OF COMPONITIONS
Principal Place of Business Mailing Address					00 OCT 12 AM 7: 54
13144 CARRollwood Creek Dr				·	
TAMPA, FL 33624					
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	3	City & State			4. FEI Number Applied For S9-3557722 Not Applicable
Zip	Country	Zip	Cour	try	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
Spiegel & UTRERA, P.A.				Name	
343 Almeria Auc. Street Address (P.O. Box Number is Not Acceptable)					
Coral Gables, FL 33134				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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.				**************************************	
(See criteri	ia on back)	Make Check Payab	F 2 25	epartment	of State
TITLE	Vice President	DIRECTORS	12.		A ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ulce President
NAME	Jack Stephens		NAM		Mark Gentry
STREET ADDRESS CITY-ST-ZIP	13144 CARROLLWOOD TAMPA, FL 33624	Creek Dr		ET ADDRESS -ST-ZIP	13144 CARROLLWOOD Creck Dr TAMPA, FL 33624
TITLE	& cocae	☐ Delete	TITL		Scenario Change Addition
NAME STREET ADDRESS	-		NAN STR	et address	Contract Contract De
CITY-ST-ZIP			CITY	-ST-ZIP	TAMPA, FL33624
TITLE NAME	President Jon Tallman	☐ Delete	TITL NAN		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	13144 CARROLLWOOD	Creek Dr		EET ADDRESS	3101013436243 -10/24/0001021022 *****61.25 ******61.25
TITLE	TAMPM, FL 33624 Secretary	☐ Delete	TITL		Change CASONION
NAME STREET ADDRESS	wallace Carter 13	Coard De	NAM STR	IE EET ADDRESS	· / #12
CITY-ST-ZIP	13144 carrollood	C1469 O/		-ST-ZIP	Be Committee
TITLE NAME		. Delete	TITL		· ☐ Change ☐ Addition
STREET ADDRESS			STR	EET ADDRESS	,
CITY-ST-ZIP		Delete	CITY	'-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		€ Detete	NAN		_ January
STREET ADDRESS CITY-ST-ZIP	10			EET ADDRESS '-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, v	vith all other like empowered.		<u> </u>	
SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #					