

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90033 011 ***158.75

DOCUMENT # P99000015068

1. Entity Name
RONALD WEST ROOFING, INC.

Principal Place of Business 10111 EAST COLONIAL DRIVE SUITE C ORLANDO FL 32817	Mailing Address 10111 EAST COLONIAL DRIVE SUITE C ORLANDO FL 32817-4370
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588141	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOON, WALTER R
200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name **Ronald L. West**
 Street Address (P.O. Box Number is Not Acceptable)
10111 E. Colonial Dr.
 City **Orlando** FL Zip Code **32817**

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 Ronald L. West president of corporation DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Chairman Ronald West 10111 E. Colonial Dr. Orlando FL 32817	
		Secretary Tammy Bell 2500 Kildare Dr. Chuluota, FL 32817	

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: Ronald L. West **SIGNATURE REQUIRED** DATE 4/28/00 DAYTIME PHONE # 407-658-0294
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)