

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085464

1. Entity Name

ROOF REDEEMERS OF PENSACOLA, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90023 042 ***150.00

Principal Place of Business	Mailing Address
11013 TANTON LANE PENSACOLA FL 32506	11013 TANTON LANE PENSACOLA FL 32506-6851

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 3011

City & State	City & State
Zip	Zip
Country	Country

4. FEI Number	Applied For
59-3603744	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, PABLO
310 1/2 S. BUMBY AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: WINSTON W. PAONI
Street Address (P.O. Box Number is Not Acceptable):
11013 TANTON LANE
City: PENSACOLA FL Zip Code: 32506

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: Winston W. Paoni
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD PAONI, WINSTON W 11013 TANTON LANE PENSACOLA FL 32506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VD MEIGS, PAUL B 3549 RIDDICK DR. PENSACOLA FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D WILLIAMS, GREGORY M 11013 TANTON LANE PENSACOLA FL 32506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Winston W. Paoni 3/28/00 850 982-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)