2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000094992 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** DONE RITE ROOFING INC. 02-29-2000 90149 041 ***158.75 Principal Place of Business Mailing Address 391 ORANGE ST. 391 ORANGE ST. PALM HARBOR FL 34683 PALM HARBOR FL 34683-5249 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOIACANO, JASON Street Address (P.O. Box Number is Not Acceptable) 391 ORANGE ST. PALM HARBOR FL 34683 City 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, typed if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Ø (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ristina Loiacano Addition TITLE ☐ Delete TITLE NAME NAME 391 crange st. STREET ADDRESS STREET ADDRESS Falm Harbor, FL 346B3 CITY-ST-ZIP CITY-ST-ZIP [] Change 🔽 Addition ⊷ 🖃 Delete TITLE TITLE. yndi wer NAME NAME Egal Palmettoway STREET ADDRESS STREET ADDRESS tampa, fl 33635 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Brai Painettowy STREET ADDRESS STREET ADDRESS Tampaifl 33635 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eupplemental 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 employeered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee er

nristina Loiacano, ceo