

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99006094992

i. Entity Name  
DONE RITE ROOFING INC.

Principal Place of Business Mailing Address  
391 Orange St  
Palm Harbor, FL 34683

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

\$35.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
Added/modified  
01 AUG 15 AM 10:33  
check # 3147  
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Loiacono, Jason  
391 Orange St  
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
100004557011-5  
-08/27/01--01014--016  
City  
\*\*\*FEB 25 Code\*\*\*6.25

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 re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 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

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Christina Loiacono</u> <u>391 Orange St</u> <u>Palm Harbor, FL 34683</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>UP</u> <u>Cindi Weir</u> <u>8021 Dalmetto way</u> <u>Tampa, FL 33635</u>	<input checked="" 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
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	<u>President</u> <u>Jason Loiacono</u> <u>391 Orange St</u> <u>Palm Harbor, FL 34683</u>	<input type="checkbox"/> Change <input checked="" 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	<u>[Signature]</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 7-26-01

CR2E034 (11/00)