

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101276

1. Entity Name

K T GORMAN ROOFING INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90060 049 ***150.00

Principal Place of Business

14976 76TH ROAD NORTH
LOXAHATCHEE FL 33470

Mailing Address

14976 76TH ROAD NORTH
LOXAHATCHEE FL 33470-4417

2. Principal Place of Business

1436 10th Court

Suite, Apt. #, etc.

3. Mailing Address

1436 10th Ct.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Park FL

City & State

Lake Park FL

4. FEI Number

65-0964031

Applied For

Not Applicable

Zip

Country

33403 U.S.A.

Zip

33403 U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, KEVIN T	
STREET ADDRESS	14976 76TH ROAD NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, JO ANN R	
STREET ADDRESS	14976 76TH ROAD NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JoAnn Gorman 4/11/00 (561) 881-0166

CR2E034 (9/99)