

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000104320 ✓  
1. Entity Name  
Robert Reyes Roofing Inc.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**  
02-24-2000 90069 035 \*\*\*158.75

Principal Place of Business  
14524 North Blvd.  
Tampa, FL 33613

Mailing Address  
14524 North Blvd.  
Tampa, FL 33613

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610938 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Spiegel + Utrera, P.A.  
343 Almeria Ave.  
Coral Gables, FL 33134

7. Name and Address of New Registered Agent  
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	President / P.S.T.D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert L. Reyes			NAME			
STREET ADDRESS	14524 North Blvd.			STREET ADDRESS			
CITY-ST-ZIP	Tampa FL 33613			CITY-ST-ZIP			
TITLE	Vice President / V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thomas G. Mock Jr.			NAME			
STREET ADDRESS	14524 North Blvd.			STREET ADDRESS			
CITY-ST-ZIP	Tampa FL 33613			CITY-ST-ZIP			
TITLE	Vice President / V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Scott M. Hagen			NAME			
STREET ADDRESS	14524 North Blvd.			STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33613			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Vice President / V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Brian Greene		
STREET ADDRESS				STREET ADDRESS	14524 North Blvd		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa, FL 33613		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Robert L. Reyes Robert L. Reyes President 1-27-2000 (813) 264-2722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)