

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105477

1. Entity Name

DEAL ROOFING, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90205 001 ***150.00

04-19-2000 90205 002 *****8.75

Principal Place of Business

Mailing Address

6045 PIERCE STREET
HOLLYWOOD FL 33024

6045 PIERCE STREET
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

6045 Pierce ST
Suite, Apt. #, etc.

6045 Pierce ST
Suite, Apt. #, etc.

City & State

City & State

Hollywood FL-
Zip

Hollywood FL-
Zip

Country
Broward

Country
Broward

4. FEI Number

65-0966743

Applied For

Not Applicable

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

DEAL, JACK
6045 PIERCE STREET
HOLLYWOOD FL 33024

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

Jack Deal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DEAL, JACK 6045 PIERCE STREET HOLLYWOOD FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

4/11/2000

Date

Daytime Phone #

CR20004 (9/00)