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Mailing Address   Size   Siz	DOCUMENT # P99000107787  1. Entity Name ROOFS BY RAINY DAY INC.						FILED Jan 16, 2001 8:00 am Secretary of State					
Suite, Apt. #, etc.  City & State  City & St	785 25TH AVE. N. 785 25TH AVE. N.					_				•		
Suite, Apt. #, etc.  City & State  City & St	2. Principal P	lace of Busin	ess	3. Mailing Address		_						
Second Second   Second	Suite, Apt.	#, etc.		Suite, Apt. #, etc.								
RICHARDSON, DUANE B 785 25TH AVE. N. ST. PETERSBURG PL 33704  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   Designature	City & Stat	e		City & State				4. FEI Number	59-361163	32		-
RICHARDSON, DUANE B 789 25TH AVE. N. ST. PETERSBURG FL 33704  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  SYGNATURE  9. This corporation is eligible to satisfy its intangible (See of International Control of Int	Zip		Country	Zip	Coun	try		5 Certificate of Status Desired \$8.75 Additional				
RICHARDSON, DUANE B 785 25TH A/E. N. ST. PETERSBURG FL 33704  8. The above named entity submits this statement for the purpose of changing 4e registered office or registered agent, or both, in the State of Florida.  9. The corporation is eligible to sense of registered agent are tree resistance.  9. The corporation is eligible to sense of registered agent are tree resistance.  10. The corporation is eligible to sense of registered agent are tree resistance.  11. CRECERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  11. CRECERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  13. PETERSBURG FL 33704  13. PETERSBURG FL 33704  14. CRECERS AND DIRECTORS  15. PETERSBURG FL 33704  15. PETERSBURG FL 33704  16. Clarge  16. Selection Campaign Financing  16. Sele		6. Name	and Address of Current Re	egistered Agent	_		<del>,</del>	7. Name and	Address of New	Registered A	\gent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida.    SIGNATURE	RICHARDSON, DUANE B 785 25TH AVE. N.					- Hand						
SIGNATURE  9. This corporation is eligible to eatility its intangible Tax fing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$\$550.00  After MAY 1, 2001 Fee will be \$\$500.00  The Black Check Payable to Department of State  PRESTANDESS  OITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  MAKE  SITERT ADDRESS  OITY-ST-2P  TITLE  MAKE SITERT ADDRESS  OITY-ST-2P  TITLE  Delete  TITLE  MAKE SITERT ADDRESS  OITY-ST-2P  TITLE  Delete  TITLE  MAKE SITERT ADDRESS  OITY-ST-2P  TITLE  MAKE SITERT ADDRESS  OITY-ST-2P  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete						City				FL	Zip Code	)
9. This corporation is aligible to satisfy its Intengible Added to Fees Intended and the Intended Inte			y submits this statement for the	he purpose of changing its	registere	ed office or	registere	d agent, or both	, in the State of F	lorida.		
After MAY 1, 2001 Fee will be \$550,00 State   South Fee   South Fe	SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required w	hen reinstating)		DATE		
TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS C	Tax filing i	requirement :	and elects to do so.	After MAY 1, 20	01 Fee	will be \$5	50.00	Trus				
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption s	**NAME**********************************		المنافقة والمنافقة المنافقة والمنافقة والمنافق	☐ Delete	NAM STRE	E address		-			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  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 receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   **MAMMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAMAMANAM	NAME STREET ADDRESS			□ Delete	NAM STRE	E Et address					☐ Change	Addition
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