

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0451594 AV

02-07-2002 90031 044 ***150.00

DOCUMENT # P99000107787

1. Entity Name
ROOFS BY RAINY DAY INC.

Principal Place of Business
785 25TH AVE. N.
ST. PETERSBURG FL 33704

Mailing Address
785 25TH AVE. N.
ST. PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
460 13 AVE N
 Suite, Apt. #, etc.
APT # 3

3. Mailing Address **PO Box 76350**
~~460 13 AVE N~~
 Suite, Apt. #, etc.
~~APT # 3~~

City & State
ST PETERSBURG, FL

City & State
ST PETERSBURG, FL

4. FEI Number **59-3611632**

Applied For
 Not Applicable

Zip **33701** Country **PINELLAS**

Zip **33734** Country **PINELLAS**

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

RICHARDSON, DUANE B
785 25TH AVE. N.
ST. PETERSBURG FL 33704

Name **RICHARDSON, DUANE B**
 Street Address (P.O. Box Number is Not Acceptable)
460 13 AVE N #3
 City **ST PETERSBURG, FL** Zip Code **33701**

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

Duane Richardson
(NOTE: Registered Agent signature required when reinstating)

1-6-02
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, 2002 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	RICHARDSON, DUANE B	
STREET ADDRESS	785 25TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DUANE B	
STREET ADDRESS	460 13 AVE N.	
CITY-ST-ZIP	ST PETE. FLA, 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Duane Richardson* **DUANE RICHARDSON** **1-16-02** **(727) 638-0315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)