

2002 UNIFORM BUSINESS REPORT (UBR)

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

0451594 AV

DOCUMENT # P99000107787

1. Entity Name
ROOFS BY RAINY DAY INC.

02-07-2002 90031 044 ***150.00

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 76352**
460 13 AVE N
 Suite, Apt. #, etc.
APT #3

City & State
ST PETERSBURG, FL
 Zip
33701 Country
FLORIDA

City & State
ST PETERSBURG, FL
 Zip
33734 Country
FLORIDA

4. FEI Number **59-3611632** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **RICHARDSON, DUANE B**
 STREET ADDRESS **785 25TH AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **RICHARDSON, DUANE B**
 STREET ADDRESS **460 13 AVE N.**
 CITY-ST-ZIP **ST PETE. FLA. 33701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 **(727) 638-0315**
 Date Daytime Phone #

CR2E034 (9/01)