

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000108026**1. Entity Name
PRESTIGE ROOFING AND GUTTER, INC.Principal Place of Business
1883 HIGH ST.
LONGWOOD FL 32750
Mailing Address
1883 HIGH ST.
LONGWOOD FL 327502. Principal Place of Business
430 ANCHOR ROAD
Suite, Apt. #, etc.3. Mailing Address
430 ANCHOR ROAD
Suite, Apt. #, etc.City & State
CASSELBERRY FL
Zip Country
32707City & State
CASSELBERRY FL
Zip Country
327074. FEI Number
59-3614571
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ROMINGER STEPHEN L**
1883 HIGH ST.
LONGWOOD FL 32750**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 _____ **02/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32750	Delete
VP	ROBINSON JANET T	1883 HIGH ST.	LONGWOOD	FL	32750	<input type="checkbox"/>
VP	SHEPPARD THOMAS J	1883 HIGH ST.	LONGWOOD	FL	32750	<input type="checkbox"/>
VP	DEREPENTIGNY ANTHONY H	1883 HIGH ST.	LONGWOOD	FL	32750	<input type="checkbox"/>
VP	ROBINSON FRANK	1883 HIGH ST.	LONGWOOD	FL	32750	<input type="checkbox"/>
VP	ROMINGER STEPHEN L	1883 HIGH ST.	LONGWOOD	FL	32750	<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32707	S/T	Change	Addition
S/T	ROBINSON JANET T	430 ANCHOR ROAD	CASSELBERRY	FL	32707		<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
VP	DEREPENTIGNY ANTHONY H	430 ANCHOR ROAD	CASSELBERRY	FL	32707		<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	ROBINSON FRANK JIII	430 ANCHOR ROAD	CASSELBERRY	FL	32707		<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: JANET T. ROBINSON**S/T 02/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)