FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan 20, 2001 8:00 am DOCUMENT # P99000110863 Secretary of State 1. Entity Name J. CERDA ROOFING, INC. 01-20-2001 90004 050 ***150.00 Principal Place of Business Mailing Address 9407 122ND AVE N 9407 122ND AVE N LARGO FL 33773 LARGO FL 33773 U U PI TU I 3. Mailing Address 5680 - 66 2. Principal Place of Business 5680-66 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618700 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ROBERTS, CALVIN C Street Address (P.O. Box Number is Not Acceptable) 6574 30TH AVE N ST PETERSBURG FL 33710 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change CR2E034 (10/00) TITLE ☐ Delete Cerda, Jesus 5680-66, Street N CERDA, JESUS NAME NAME STREET ADDRESS 9407 122ND AVE N STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-7IP 5t Petersburg, FL 33709 **X** Change VSTD ☐ Delete TITLE ☐ Addition TITLE Cerda, Marcia A NAME CÉRDA, MARCIA A NAME STREET ADDRESS 9407 122ND AVE N STREET ADDRESS 5680-66 Street N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 Petersburg, FL 33709 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 of 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 attagment with an address, with all other like empowered.