

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17117

1. Entity Name

MR. ROOFER OF PINELLAS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90108 016 \*\*\*158.75

Principal Place of Business

7382 120TH AVENUE N.  
LARGO FL 33773  
US

Mailing Address

7382 120TH AVENUE N.  
LARGO FL 33773-3100  
US

2. Principal Place of Business

6270 118<sup>TH</sup> Ave N  
Suite, Apt. #, etc.  
#17

3. Mailing Address

P.O. Box 2331  
Suite, Apt. #, etc.

City & State  
LARGO FL

City & State  
Pinellas Park FL

Zip  
33773

Country  
US

Zip  
33780

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038749

Applied For  
Not Applicable

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

GARY PORTER  
7382 120TH AVE N  
LARGO 33773

Name Sebastian Zeoli, JR  
Street Address (P.O. Box Number is Not Acceptable)  
8413 Jacaranda Avenue  
City LARGO FL Zip Code 33777

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 *Sebastian Zeoli, JR* *Sebastian Zeoli Jr* 4-17-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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, 2000 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	PORTER, GARY	
STREET ADDRESS	7382 120TH AVENUE N	
CITY-ST-ZIP	LARGO FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, GARY	
STREET ADDRESS	8128 Causeway Blvd South	
CITY-ST-ZIP	ST Petersburg, FL 33707	
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		
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: *GARY K. PORTER, D* 4-17-00 727-545-9394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)