

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30321

1. Entity Name

GEORGE RUSSELL ROOFING, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90033 028 ***150.00

Principal Place of Business

Mailing Address

8901 COUNTY LINE ROAD
LITHIA FL 33547

8901 COUNTY LINE ROAD
LITHIA FL 33547-3207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3047331

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

NYMARK, ANNE M.

~~1218 OAKFIELD DRIVE~~ 329 Pauls Drive
BRANDON FL 33511-4997

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ~~Vice President~~ ☐ Delete

NAME RUSSELL, RICHARD
STREET ADDRESS 10119 GEORGE SMITH RD
CITY-ST-ZIP LITHIA FL 33547

TITLE ~~Secretary~~ ☐ Delete

NAME RUSSELL, THOMAS E.
STREET ADDRESS 8903 COUNTY LINE RD.
CITY-ST-ZIP LITHIA FL 33547

TITLE ~~Treasurer~~ ☐ Delete

NAME Terry Russell
STREET ADDRESS 3724 Nichols Road
CITY-ST-ZIP Lithia FL 33547

TITLE ~~President~~ ☐ Delete

NAME Randy A. Russell
STREET ADDRESS 3625 Porter Road
CITY-ST-ZIP Lithia, FL 33547

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard A. Russell REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

813 6899297

Date

Daytime Phone #

CR2E034 (9/99)