

2000 UNIFORM BUSINESS REPORT (UBR)

marked orig. 4/14

DOCUMENT # **S56798**

1. Entity Name
URBINE ROOFING, INC.

*Amended
w/ick for
\$ 61.25*

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
WILMAR LANE
FL 34112-5452

Mailing Address
5500 WILMAR LANE
NAPLES FL 34112-5452
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0273124**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**URBINE, TERRY J.
5500 WILMAR LANE
NAPLES FL 34112**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	URBINE, TERRY J.	
STREET ADDRESS	5500 WILMAR LANE	
CITY - ST - ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	URBINE, DEBORAH	
STREET ADDRESS	5500 WILMAR LANE	
CITY - ST - ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PINEDA, JOSE	
STREET ADDRESS	161 7TH AVE. N.W.	
CITY - ST - ZIP	NAPLES FL 34120	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PINEDA, LUIS	
STREET ADDRESS	4998 17TH PL. SW	
CITY - ST - ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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*******61.25 *****61.25**

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Urbine*