

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90086 025 \*\*\*150.00

**DOCUMENT # S56798**

1. Entity Name  
**URBINE ROOFING, INC.**

Principal Place of Business

**5500 WILMAR LANE  
 NAPLES FL 34112-5452  
 US**

Mailing Address

**5500 WILMAR LANE  
 NAPLES FL 33962  
 US**

**939776**



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

7. Name and Address of New Registered Agent

**URBINE, TERRY J.  
 5500 WILMAR LANE  
 NAPLES FL 34112**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>URBINE, TERRY J.</b>	
STREET ADDRESS	<b>5500 WILMAR LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>URBINE, DEBORAH</b>	
STREET ADDRESS	<b>5500 WILMAR LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PINEDA, JOSE</b>	
STREET ADDRESS	<b>161 7TH AVE. N.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: Deborah Urbine Deborah Urbine  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 941-774-3800  
 Date Daytime Phone #

CR2E034 (10/00)