2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90059 002 ***150.00

DOCUMENT # S68969

1. Entity Name

SCOTT VAN SCOYK'S ROOFING, INCORPORATED

Principal Place of Business	Mailing Address
3344 BROOKFIELD DRIVE FL 34691	3344 BROOKFIELD DRIVE HOLIDAY FL 34652-4462 US

C0064099

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5001 Marlin Dr	5001 Marlin Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, Fl	City & State: New Port Richey, Fl
Zip: 34652 Country: U.S.A	Zip: 34652 Country: U.S.A

4. FEI Number 59-3083267 — 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
SCOTT VAN SCOYK 3344 BROOKFIELD DRIVE HOLIDAY FL 34691	Name: Scott Van Scoyk Street Address (P.O. Box Number is Not Acceptable): 5001 Marlin Dr City: New Port Richey FL Zip Code: 34652

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 4-12-00

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	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMPSON, WILLIAM S J	NAME	
STREET ADDRESS	6132 VERMONT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOLDS, LINDSAY J	NAME	
STREET ADDRESS	23120 MATCHLOCK DR	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	VAN SCOYK, SCOTT	NAME	Scott Van Scoyk
STREET ADDRESS	3344 BROOKFIELD DR	STREET ADDRESS	5001 Marlin Dr
CITY-ST-ZIP	HOLIDAY FL	CITY-ST-ZIP	New Port Richey, Fl. 34652
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-12-00 — Daytime Phone #: 727-846-0994