FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 MAY 21 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36252

1. Entity Name
Daryl Schram Building & Roofing, Inc.

(NC)(W)

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4544 Bartelt Road	PO Box 3400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiay, Florida	City & State: Holiday, Florida
Zip: 34690 Country: US	Zip: 34690 Country: US

4. FEI Number: 59-3122937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Schram, Daryl

Street Address (P.O. Box Number is Not Acceptable): 4544 Bartelt Road

City: Holiday FL Zip Code: 34690

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	President
NAME	Schram, Daryl
STREET ADDRESS	1349 Dinsmore Court, New Port Richey
CITY-ST-ZIP	FL 34655
TITLE	Sec/Treas
NAME	Schram, Margaret
STREET ADDRESS	1349 Dinsmore Court
CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	Vice President
NAME	Robyn Schram
STREET ADDRESS	7204 Amhurst Way
CITY-ST-ZIP	Clearwater, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Daryl Schram (President) DARYL Schram 5-8-02 (727) 937-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #