

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90005 044 ***150.00

DOCUMENT # 237228

1. Entity Name
BANDY LIGHTWEIGHT ROOFING & SUPPLY, INCORPORATED

Principal Place of Business
**116 N. SEWALLS PT. RD.
 STUART 34996**

Mailing Address
**116 N. SEWALLS PT. RD.
 STUART FL 34996
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-0882449

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**BESSEMER, E. MAXINE
 116 N. SEWALLS PT. RD.
 STUART FL 34996**

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 _____
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BESSEMER, WILLIAM J	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	P	<input type="checkbox"/> Delete
NAME	BESSEMER, WILLIAM J	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KIRKBRIDE, TAMARA A	
STREET ADDRESS	2814 NEPALM AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BESSEMER, W KIM B	
STREET ADDRESS	1103 TILTON RD	
CITY-ST-ZIP	PORT ST LUCE, FL 00000 34952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BESSEMER, MAXINE	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY-ST-ZIP	STUART FL 34952	
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		

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: *W Kim Bessemer* **W Kim Bessemer** 1/8/02 561-220-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)