

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F95000000365**1. Entity Name
ANTHONY ROOFING, LTD., INC.

Principal Place of Business

2555 WHITE OAK CIRCLE

AURORA

60504

IL

US

Mailing Address

1755 S. NAPERVILLE ROAD

SUITE #200

WHEATON

60187

IL

US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3323 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

FORT LAUDERDALE

FL

Zip

Country

Zip

Country

33309

US

4. FEI Number

36-3103148

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

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)

04/26/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete
NAME	GUTZWILLER THOMAS	
STREET ADDRESS	2555 WHITE OAK CIRCLE	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	VFAS	<input type="checkbox"/> Delete
NAME	KADUK KEN	
STREET ADDRESS	2555 WHITE OAK CIRCLE	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	EBY DALE	
STREET ADDRESS	3323 W. COMMERCIAL, STE. 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	WALLICK GREGG	
STREET ADDRESS	3323 W. COMMERCIAL, STE. 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON JOEL	
STREET ADDRESS	2555 WHITE OAK CIRCLE	
CITY-ST-ZIP	AURORA IL 60504	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER JANN I	
STREET ADDRESS	3323 W. COMMERCIAL BLVD. SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIMER JOHN R	
STREET ADDRESS	3323 W. COMMERCIAL, STE. 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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: JANN I. FISHER

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)