

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90052 039 \*\*\*150.00

**DOCUMENT # F97000001185**

1. Entity Name  
**BELDON ROOFING & REMODELING CO.**

Principal Place of Business      Mailing Address  
**PO BOX 13380**                              **PO BOX 13380**  
**SAN ANTONIO TX 78213**                      **SAN ANTONIO TX 78213**

2. Principal Place of Business      3. Mailing Address  
**5039 West Avenue**                      **P.O. Box 13380**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**San Antonio, TX**                              **San Antonio, TX**

Zip                              Country                              Zip                              Country  
**78213**                              **USA**                              **78213**                              **USA**

4. FEI Number      Applied For  
**74-1316691**                              Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPITOL CORPORATE SERVICES, INC.**  
**1333 NORTH DUVAL STREET**  
**TALLAHASSEE FL 32303**

**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 \_\_\_\_\_ (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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BELDON, MICHAEL D</b>	
STREET ADDRESS	<b>#4 WESTELM CIR</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78230</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BELDON, LOUISE</b>	
STREET ADDRESS	<b>#4 WESTELM CIR</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78230</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>SHERMAN, STEPHEN</b>	
STREET ADDRESS	<b>15908 NW MILITARY</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78231</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BELDON, BRADFORD</b>	
STREET ADDRESS	<b>15610 THRUSH GATE</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78248</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James D. Rosenblatt</b>	
STREET ADDRESS	<b>15642 Robin Ridge</b>	
CITY-ST-ZIP	<b>San Antonio, TX 78248</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>35 Royal Waters</b>	
CITY-ST-ZIP	<b>San Antonio, TX 78248</b>	
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: *[Signature]*      **REQUIRED**      January 7, 2002      (210) 341-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)