

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 030 ***150.00

DOCUMENT # **F970000001941**
1. Entity Name
Advanced Commercial Roofing Systems, Inc.

Principal Place of Business Mailing Address
Advanced Commercial Roofing Systems, Inc.
1924 N. Elm Street
Muncie, IN 47303

2. Principal Place of Business 3. Mailing Address
1924 N. Elm Street **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Muncie, IN

City & State City & State
47303 **United States**
Zip Country Zip Country

4. FEI Number **35-1602321** 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
1200 S. Pine Island RD
Plantation, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
President
Joseph E. Jackson, JR.
4221 W. Line Way
Muncie, IN 47304 ☐ Delete
Vice President
Joseph W. Jackson
4304 N. Oakwood
Muncie, IN 47304 ☐ Delete
Secretary
Beverly L. Jackson
4221 W. Line Way
Muncie, IN 47304 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: **Joseph E. Jackson** **7-7-00** **765-288-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/95)