

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90008 013 ***150.00

DOCUMENT # H27963

1. Entity Name
MARION/SERVICE ROOFING AND AIR CONDITIONING COMP

Principal Place of Business 604 NW 1ST AVENUE P.O. BOX 1628 OCALA FL 32678	Mailing Address 604 NW 1ST AVENUE P.O. BOX 1628 OCALA FL 34478-1628
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1011 SW 33rd Ave Suite, Apt. #, etc. Ste 200 City & State	3. Mailing Address 1011 SW 33rd Ave Suite, Apt. #, etc. Ste 2000 City & State
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Zip 34474	Country	Zip 34474	Country
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4. FEI Number 59-2462556	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SHANAHAN, TIMOTHY S.
~~2122 SE 11 STREET~~ 1011 SW 33rd Ave
~~OCALA 32678~~ Ste 200
 34474

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDLEY, MARC H.		STREET ADDRESS 852 NW 165 ST	
STREET ADDRESS CITRA FL 32113		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5501 14TH AVENUE		STREET ADDRESS 4403 3rd Avenue	
CITY-ST-ZIP VIENNA, W VA		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5106 GLENBROOK DR.		STREET ADDRESS Rt 1, Box 50	
CITY-ST-ZIP VIENNA, W. VA.		CITY-ST-ZIP CAIRO, WV	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2122 SE 11 STREET		STREET ADDRESS 1011 SW 33rd Ave - Ste 200	
CITY-ST-ZIP OCALA FL		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Cain MICHAEL CAIN, TREAS. 4/28/00 304-295-3311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)