

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90615 024 ***150.00

DOCUMENT # H27963

1. Entity Name
MARION/SERVICE ROOFING & SHEET METAL COMPANY



Principal Place of Business
1011 SW 33RD AVE
STE-200
OCALA FL 34474

Mailing Address
1011 SW 33RD AVE
STE-200
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2462556**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHANAHAN, TIMOTHY S
1011 SW 33RD AVE
STE-200
OCALA FL 34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CSD** ☐ Delete
NAME **ESBENSHADE, HARRY H. I**
STREET ADDRESS **4403 3RD AVE**
CITY-ST-ZIP **VIENNA WV 26105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **KERR, TIMOTHY J**
STREET ADDRESS **1203 GREENMONT CIRCLE**
CITY-ST-ZIP **VIENNA WV 26105**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Michael D. Cain**
CITY-ST-ZIP **Rt. #1, Box 50**
Cairo, WV

TITLE ☐ Delete
NAME **PD SHANAHAN, TIMOTHY S.**
STREET ADDRESS **1011 SW 33RD AVE STE-200**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

304-295-3311

Daytime Phone #

CR2E034 (10/02)