

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90407 031 \*\*\*150.00

**DOCUMENT # H86569**

1. Entity Name  
**ALL AROUND ROOFING, INC.**



Principal Place of Business  
**8580 W. BEAVER STREET  
JACKSONVILLE FL 32220**

Mailing Address  
**8580 W. BEAVER STREET  
JACKSONVILLE FL 32220**

2. Principal Place of Business  
**8540 W. Beaver St**

3. Mailing Address  
**8540 W. Beaver St**

Suite, Apt. #, etc.  
**Jacksonville FL**

Suite, Apt. #, etc.  
**Jacksonville**

City & State  
**32220**

City & State  
**FL**

Zip  
**USA**

Zip  
**32220**

Country  
**USA**

4. FEI Number  
**59-2694462**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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

**BOZEMAN, STEVEN R.  
RT 4 BOX 7458  
HILLARD FL 32046**

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

SIGNATURE *Steven R. Bozeman*  
Signature, typed or printed name of registered agent and title if applicable.

1-6-03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BOZEMAN, STEVEN RAY	RT 4 BOX 7458	HILLAND FL 32046	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Bozeman, Steven Ray	Rt 4 Box 7458	Hilliard, FL 32046	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Steven R. Bozeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03  
Date Daytime Phone #

CR2E034 (10/02)