


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90135 007 ***158.75

DOCUMENT # P00000084820

1. Entity Name
RESILIENT ROOFING, INC.



55042834

Principal Place of Business
**2799 BOULDER FALLS CT
APOPKA FL 32703**

Mailing Address
**522 S HUNT CLUN BLVD #120
APOPKA FL 32703**



2. Principal Place of Business
1205 Bennett Dr

3. Mailing Address
Same

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
#120

City & State
Longwood FL

Zip
32750

Country
USA

Suite, Apt. #, etc.
Same

City & State
As Principle Place

Zip
As Business

Country
As Business

4. FEI Number **59-3669602**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**OLARTE, LINA
2799 BOULDER FALLS CT
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **Charity Allmond**

Street Address (P.O. Box Number is Not Acceptable)
1586 Stephan Cole Lane

City **Apopka** State **FL** Zip Code **32703**

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 **Charity Allmond** DATE **4/28/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LAVINE, DARRIN C 2799 BOULDER FALLS CT APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S.T Lina Olarte-Lavine 2799 Boulder Falls Ct Apopka FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Brian Lavine 2302 Fitzpatrick Tr. Deltona FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charity Allmond** DATE **4/28/03** DAYTIME PHONE # **407-682-5916**

Signature and typed or printed name of signing officer or director

Lina M Olarte **5/19/03 407-682-5916**

CR2E034 (10/02)