

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

FILED

DOCUMENT # P01000098027

02 DEC 18 PM 1:50

1. Entity Name

SUNTEC ROOFING INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3144 WAKE-UP CT.

Suite, Apt. #, etc.

3. Mailing Address

3144 WAKE-UP CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3368111

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CRAIG J. SIBERT

Street Address (P.O. Box Number is Not Acceptable)

3144 WAKE-UP CT.

City

KISSIMMEE

FL

Zip Code

34744

**DO NOT WRITE IN THIS SPACE**

8. I 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
CRAIG J. SIBERT  
3144 WAKE-UP CT.  
KISSIMMEE FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000009247790  
11/27/02 01110-001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KISSIMMEE FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*[Signature]*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
JULIAN MORALES  
2767 MINT DR.  
ORLANDO FL. 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ORLANDO FL. 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
ROBERT HUBBARD  
3209 WINDOVER AVE.  
KISSIMMEE FL. 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KISSIMMEE FL. 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Nov. 20, 2002 407-348-2054  
Date Daytime Phone #

CR2E034B (12/01)