

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90307 029 ***158.75



DOCUMENT # P02000035039

1. Entity Name
HERSHBERGER ROOFING, INC.

Principal Place of Business
**831 PADGET AVENUE
SARASOTA FL 34237**

Mailing Address
**831 PADGET AVENUE
SARASOTA FL 34237**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
831 Padget ave.
Suite, Apt. #, etc.

3. Mailing Address
831 padget ave.
Suite, Apt. #, etc.

City & State
Sarasota Fl.
Zip
34237

City & State
Sarasota, Fl.
Zip
34237

4. FEI Number
37-1427236

Applied For
 Not Applicable

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

**HERSHBERGER, MOSES M
831 PADGET AVENUE
SARASOTA FL 34237**

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

DATE **1-09-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHBERGER, MOSES M	
STREET ADDRESS	831 PADGET AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
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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: **Moses Hershberger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-09-03** Daytime Phone # **8485 941-906-**

CR2E034 (10/02)