

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

FILED

03 DEC 15 PM 2:02

DOCUMENT # P02000035039

1. Entity Name

HERSHBERGER ROOFING, INC.



SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

500025461045
12/12/03--01049--006 **\$61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
831 Padget Avenue

3. Mailing Address
831 Padget Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number 371427236

Applied For
Not Applicable

Zip
34237

Country
Sarasota

Zip
34237

Country
Sarasota

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mose M. Herberger

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

831 Padget Avenue

City Sarasota FL Zip Code 34237

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
Director /President - Mose M. Hershberger
STREET ADDRESS
831 Padget Avenue Sarasota, FL 34237
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
VicePresident - Andy Hershberger
STREET ADDRESS
831 Padget Avenue, Sarasota, FL 34237
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Secretary - Jeremy Burkolder
STREET ADDRESS
831 Padget Avenue, Sarasota, FL-34237 -
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: Mose Hershberger 12-08-03 906-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)