## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Jan 23, 2002 8:00 am P93000059915 DOCUMENT # Secretary of State 01-23-2002 90008 026 \*\*\*150.00 ALL BERT FAIRCLOTH HOME IMPROVEMENT AND ROOFING, INC. Principal Place of Business Mailing Address 1016 - 6TH STREET 1016 - 6TH STREET DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3195969 Not Applicable · Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELLICER, RUTH A Street Address (P.O. Box Number is Not Acceptable) 1016 - 6TH STREET DAYTONA BEACH FL 32117 City 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. 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) STD Change ☐ Delete TITLE TITLE Some G PELLICER, RUTH A NAME NAME 1016 6th 1020-6TH ST STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32117 HOLLY HILL FL 32117 CITY-ST-ZIP CITY-ST-ZIP Same (PS) ☐ Delete ifaircloth, Bert J. III NAME NAME 1016 6th St 1020-6TH ST STREET ADDRESS STREET ADDRESS HOLLY HILL FL 32117 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP jijie 况 🚶 TIPLE SOCIAL NAME STREET ADDRESS\* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 Block 12 if

FILED