

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90227 025 \*\*\*150.00

**DOCUMENT # P96000024526**



1. Entity Name  
**SUPERIOR ROOFING, INC.**

Principal Place of Business  
**23440 JANICE AVE., UNITS 15-16  
CHARLOTTE HARBOR FL 33990  
US**

Mailing Address  
**P.O. BOX 380937  
MURDOCK FL 33938-0937**



2. Principal Place of Business  
**2534 Sulstone Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same As Above**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Punta Gorda, Fl. 33983**

City & State

4. FEI Number  
**65-0649568**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**SCHWARTZ, ELIZABETH  
6203 SWISS BLVD.  
PUNTA GORDA FL 33982**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, GEORGE JR</b>	
STREET ADDRESS	<b>P.O. BOX 380937</b>	
CITY-ST-ZIP	<b>MURDOCK FL 33938-0937</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, ELLZABETH</b>	
STREET ADDRESS	<b>PO BOX 380491</b>	
CITY-ST-ZIP	<b>MURDOCK FL 33938</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, ELIZABETH</b>	
STREET ADDRESS	<b>PO BOX 380491</b>	
CITY-ST-ZIP	<b>MURDOCK FL 33982</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George M Schwartz JR</b>	
STREET ADDRESS	<b>PO Box 380937</b>	
CITY-ST-ZIP	<b>Murdock, Fl. 33838</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: ELIZABETH SCHWARTZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2003 941-743-7103  
Date Daytime Phone #

CR2E034 (10/02)