

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 132842

1. Entity Name
STEPHENS ROOFING & SHEET METAL COMPANY.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90544 046 ***150.00

Principal Place of Business
**3139 WALNUT STREET
P. O. BOX 3062
JACKSONVILLE FL 32206**

Mailing Address
**3139 WALNUT STREET
P. O. BOX 3062
JACKSONVILLE FL 32206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0464830**

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

**STEPHENS JR., C. RAY
3139 WALNUT STREET
JACKSONVILLE FL 32206**

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.

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)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS**
NAME **STEPHENS JR., C. RAY**
STREET ADDRESS **3139 WALNUT ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ Delete

TITLE **P, T**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

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☐ Change

☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Ray Stephens, Jr.

04/10/01

Date

(904) 354-4125

Daytime Phone #

CR2E034 (10/00)