2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P O BOX 1389

US

OCALA FL 34478

282380 **DOCUMENT #**

1. Entity Name

Principal Place of Business

377 N.W. 14TH ST

OCALA FL 34478

US

FLORIDA ROOF TRUSS COMPANY



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90180 001 ***150.00



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. Principal Pla	ce of Business	3. Mailing Address				÷		
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Ch. 9 Chata		City & State		4. FEI Numbe	4. FEI Number 59-1053043 Applied For			
City & State	ين بن سبو	, only a craise		<u> </u>			Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Additi Fee Required	onal	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered	Agent	<u> </u>	
	act .		Name		•			
MOXON, H	ienry j ga 🖺		Street A	Street Address (P.O. Box Number is Not Acceptable)				
377 N W 1				<u> </u>				
P O BOX			ļ					
OCALA FL 32670					Fi	Zip Code		
				i-td agent, or bot	h in the State of Florida. Lam	familiar with, a	nd accept	
. The above	named entity submits this statement fo	or the purpose of changing its	s registered office o	r registered agent, or bot	ii, iii the diate of thories.			
the obligation	ons of registered agent.							
SIGNATURE"_		200	TE: Bonistered Anent sinns	ature required when reinstating)	DATE			
	Signature, typed or printed name of registered agent	and title if applicable. (NO	re. Registered Agent aigne	, , ,	<u> </u>			
FI	LE NOW!!! FEE IS \$150.00				ection Campaign Financing		May Be to Fees	
After	May 1, 2003 Fee will be \$550.00	of State		Tru	st Fund Contribution.	Added	to rees	
Make Check	Payable to Florida Department of			ADDITIONS	CHANGES TO OFFICERS AN	D DIRECTORS	IN 11	
10.	OFFICERS AND		11.	7,55,110,102		Change .	Addition	
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NAME	377 NW 14TH ST		STREET ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	·				
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increase certain that the information supplied with this filling does not quality for the exemption stated in Section 113.01(3), I fold stated and stated in a state information supplied with this report of 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.