

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90238 026 ***150.00

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DOCUMENT # 343785

1. Entity Name

REAVES ROOFING, INC.



Principal Place of Business

2031 E 19TH ST
JACKSONVILLE FL 32206

Mailing Address

2031 E 19TH ST
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1259577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REAVES SR, JOHN J
1052 OVINGTON RD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

Martha R. Davis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

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

TITLE PD ☐ Delete
NAME REAVES SR, JOHN J
STREET ADDRESS 1052 OVINGTON RD
CITY-ST-ZIP RD 00000

TITLE TD ☐ Delete
NAME DAVIS, MARILYN R
STREET ADDRESS 5249 118TH ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD ☐ Delete
NAME REAVES, HELEN
STREET ADDRESS 8539 CONCORD COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE S ☐ Delete
NAME REAVES, HELEN
STREET ADDRESS 8539 CONCORD COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD ☐ Delete
NAME REAVES, WILLIAM ALAN
STREET ADDRESS 8561 CONCORD CT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)