

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


8/29/2003-90089-017-\$150.00-\$150.00

*page 1 of 2*

012064K  
AT

**DOCUMENT # 419201**

1. Entity Name  
**C & J ROOFING, INC.**



**FILED**

03 OCT -6 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
131 CLEARLAKE ROAD  
COCOA FL 32926

Mailing Address  
131 CLEARLAKE ROAD  
COCOA FL 32922

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-1453764**

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

**NOE, LISA J**  
**345 FRIDAY ROAD**  
**COCOA FL 32926**

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: *Lisa J. Noe* DATE: *8-25-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P DUTTON, ROBERT LEE 1511 LIGHT STREET COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST/ JOHNSON-NOE, LISA 345 FRIDAY ROAD COCOA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa J. Noe* DATE: *8-25-03*

**SIGNATURE REQUIRED**

Signature and typed or printed name of signing officer or director

CR2E034 (4/03)

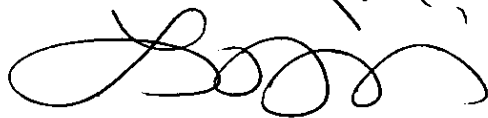
10-2-03

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To Whom it may concern.

I sent my packet in w/ a letter that was misplaced. I filed my return online and I guess it didn't take online. So I got a letter stating I owed a balance of 400<sup>00</sup>. I file online every year and haven't had a problem but this year I guess you didn't receive it. I am asking if you could please waive the 400<sup>00</sup> late fee. If you check my other filings they are always on a timely manner.

Thank you,



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Lisa J. Noe, V-pres.  
CJT Roofing Inc.  
321-1032-3680