

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90060 036 \*\*\*158.75

**DOCUMENT # 473203**

1. Entity Name  
**MURTON ROOFING CORP.**

Principal Place of Business

**7860 N.W. 67 STREET  
 MIAMI FL 33166**

Mailing Address

**7860 N.W. 67 STREET  
 MIAMI FL 33166**

2. Principal Place of Business

**7600 NW 74 AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**7600 NW 74 AVENUE**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**59-1583626**

Applied For

Not Applicable

Zip

**33166**

Country

**MIAMI-DADE**

Zip

**33166**

Country

**MIAMI-DADE**

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES C MURTON  
 7860 NW 67 ST  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
**JAMES C. MURTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7600 NW 74 AVENUE**  
 City **MIAMI** FL **33166**

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

**4/24/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JAMES C. MURTON 7860 NW 67 ST MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV LEVINE, MICHAEL 7860 NW 67TH ST MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MIKUSCAK, THOMAS 7860 NW 67 ST MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MCNIMARA, DON PO BOX 0900350 MILWAUKEE WI 53209-0352</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JAMES C. MURTON 7600 NW 74 AVENUE MIAMI, FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV MICHAEL LEVINE 7600 NW 74 AVENUE MIAMI, FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V THOMAS MIKUSCAK 7600 NW 74 AVENUE MIAMI, FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DONALD MCNAMARA P.O. BOX 0900350 MILWAUKEE, WI 53209-0352</b> <input checked="" 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

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**

Date

**305-592-5385**

Daytime Phone #

CR2E034 (9/01)