

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90136 011 ***150.00

DOCUMENT # 629939

1. Entity Name
SUTTER ROOFING COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

~~1763 APEX ROAD~~
SARASOTA FL 34240

~~1763 APEX ROAD~~
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

8284 VICO CT.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Zip

Country

34240 USA

4. FEI Number

59-1923325

Applied For

Not Applicable

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

SUTTER, DOUGLAS C.

~~1763 APEX RD.~~ **8284 VICO CT.**
SARASOTA FL 34240

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's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SUTTER, STEPHEN F.**
 CITY-ST-ZIP **609 ALBEE RD. W. 2614 DICK WILSON DR**
NOKOMIS FL SARASOTA, FL 34240

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

TITLE ☒ Delete
 NAME **ST**
 STREET ADDRESS **SUTTER, MELINDA D.**
 CITY-ST-ZIP **609 ALBEE RD. W.**
NOKOMIS FL

TITLE ☐ Change ☒ Addition
 NAME **ST**
 STREET ADDRESS **BRADLEY W. SUTTER**
 CITY-ST-ZIP **2251 CONSTITUTION BLVD**
SARASOTA FL. 34231

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SUTTER, DOUGLAS C.**
 CITY-ST-ZIP **1858 DAYWOOD DR. 3204 W. FOREST LAKE DR**
SARASOTA FL 34232

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **WRIGHT, BETTY**
 CITY-ST-ZIP **7216 W. COUNTRY CLUB DR. N. 4816 LAKE SCENE DR**
SARASOTA FL 34243

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Betty A. Wright** **Betty A. Wright** 4-25-02 941-377-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)