

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90061 041 ***150.00

DOCUMENT # 677595

1. Entity Name
SOUTHERN ROOFING COMPANY, INC.

Principal Place of Business 1719 LEMON ST TAMPA FL 33606 US	Mailing Address 1719 LEMON ST TAMPA FL 33606 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2008732** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, GEORGE J.
~~900 HAWKINS STREET~~
CLEARWATER FL 33516

Name Peterson, George J.
 Street Address (P.O. Box Number is Not Acceptable)
1719 Lemon Street
 City Tampa FL Zip Code 33606

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] DATE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P <input type="checkbox"/> Delete PETERSON, GEORGE J.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GEORGE J.	NAME	
STREET ADDRESS	900 HAWKINS STREET <u>1719 Lemon St.</u>	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL <u>Tampa, FL 33606</u>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete LYNCH, CORNELIUS F.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, CORNELIUS F.	NAME	
STREET ADDRESS	321 NORTHWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ-FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 [Signature] Date 4/26/01 Daytime Phone # 813-251-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)