

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90032 019 ***150.00

DOCUMENT # 698574

1. Entity Name
HAROLD TURNER ROOFING, INC.



Principal Place of Business
611 COMMERCE WAY #A
P O BOX 1187
JUPITER FL 33468

Mailing Address
611 COMMERCE WAY #A
P O BOX 1187
JUPITER FL 33468

00003304



2. Principal Place of Business

3. Mailing Address

611 Commerce Way
Suite, Apt. #, etc.

P.O. Box 1187
Suite, Apt. #, etc.

G

City & State

City & State

Jupiter, Fl 33458

Jupiter, Fl 33468

Zip Country

Zip Country

33458

USA

33468

USA

4. FEI Number **59-2119141**

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

TURNER, KATHLEEN A
611 COMMERCE WAY
STE A
JUPITER FL 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Delete
NAME **TURNER, KATHLEEN A**
STREET ADDRESS **611 COMMERCE WAY STE. A**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **DPS** ☒ Change ☐ Addition
NAME **TURNER, KATHLEEN A**
STREET ADDRESS **611 Commerce Way Suite G**
CITY-ST-ZIP **Jupiter, Fl 33458**

TITLE **VT** ☒ Delete
NAME **MCDONALD, GREGORY**
STREET ADDRESS **611 COMMERCE WAY STE. A**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **VT** ☒ Change ☐ Addition
NAME **McDonald, Gregory H**
STREET ADDRESS **611 Commerce Way Suite G**
CITY-ST-ZIP **Jupiter, Fl 33458**

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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Kathleen A. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN A. TURNER 1-7-03 561-746-3804
Date Daytime Phone #

CR2E034 (10/02)