

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90045 011 \*\*\*\*61.25

0035226

**DOCUMENT # 719006**

1. Entity Name

**FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING**

Principal Place of Business

4111 METRIC DR  
PO DRAWER 4850  
WINTER PARK FL 32792  
US

Mailing Address

4111 METRIC DR  
PO ~~DRAWER~~ 4850  
WINTER PARK FL 32792  
US

2. Principal Place of Business

3. Mailing Address

**PO BOX 4850**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1269842**

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

7. Name and Address of New Registered Agent

**MUNNELL, STEPHEN W**  
**4111 METRIC DR**  
**WINTER PARK FL 32792**

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 signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ED**  
**MUNNELL, STEPHEN**  
**4111 METRIC DR**  
**WINTER PARK FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**SUTTER, STEVE**  
**1763 APEX ROAD**  
**SARASOTA FL 34240**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**- VP**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DOVE, JODY**  
**1025 KISSIMMEE ST**  
**TALLAHASSEE F**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**- D**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**ENGELMEIER, CARL**  
**4800 WOFFORD LN**  
**ORLANDO FL 32810**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**- PD**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PURDY, BOB**  
**18 W. STUMPFIELD RD**  
**PENSACOLA FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**- LUKART, MELANIE**  
**PO BOX 15636**  
**West Palm Beach, FL 33416**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GUSTAFSON, M**  
**POB 832**  
**BOYNTON BCH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**- P**  
☒ Change ☐ 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 617, 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:**

**STEPHEN W MUNNELL**

**4/4/01**

**(407) 671-3772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)