

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90728 029 ****61.25

DOCUMENT # 719006

1. Entity Name

**FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING
CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**4111 METRIC DR
PO BOX 4850
WINTER PARK FL 32792
US**

2. Principal Place of Business

3. Mailing Address

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **ST** ☐ Delete
NAME **CHESHIRE, JIM**
STREET ADDRESS **PO BOX 547938**
CITY-ST-ZIP **ORLANDO FL 32854**

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

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

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

TITLE **VP** ☐ Delete
NAME **LUIKART, MELANIE**
STREET ADDRESS **PO BOX 15636**
CITY-ST-ZIP **WEST PALM BEACH FL 33416**

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

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

TITLE **-ST** ☐ Change ☒ Addition
NAME **SHEWSKI, DAVID**
STREET ADDRESS **6195 E. SAWGRASS RD**
CITY-ST-ZIP **SARASOTA, FL 34240**

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:

Signature Required **Stephen W. Munnell** 4/9/03 (407) 671-3772 x176

CR2E037 (10/02)