

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770075

1. Entity Name

RIDGE COUNTIES ROOFING & SHEET METAL CONTRACTORS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90016 020 ****61.25

Principal Place of Business	Mailing Address
623 PARK ST. POST OFFICE BOX 1237 SEBRING FL 33871	623 PARK ST. POST OFFICE BOX 1237 SEBRING FL 33871

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	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

THORPE, C. G., JR.
623 PARK ST.
SEBRING FL 33870

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCHMAN, DON	
STREET ADDRESS	623 PARK ST.	
CITY-ST-ZIP	SEBRING FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORMAN, DEAN	
STREET ADDRESS	3515 HEID RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRDY, R. C.	
STREET ADDRESS	623 PARK ST.	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADY, R C	
STREET ADDRESS	623 PARK ST	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, III., BRAD	
STREET ADDRESS	623 PARK STREET	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, B T I	
STREET ADDRESS	623 PARK ST	
CITY-ST-ZIP	SEBRING FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *RSCB* **REQUIRED** 5-1-00 863-385-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)