

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840060

1. Entity Name

B-STATE ROOFING, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90467 033 ***150.00

00050168



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
712 S OAK ST PO BOX 218 LAKELAND GA 31635 US	P.O. BOX 218 712 S OAK ST LAKELAND GA 31635 US

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	58-1240634	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHADWICK, WESLEY CHARLES ROUTE 2, BOX 273 BARTON FL 33830

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	FULLWOOD, BENNY H
STREET ADDRESS	342 CHURCH ST
CITY-ST-ZIP	LAKELAND GA
TITLE	PD
NAME	CHADWICK, WM WAYNE
STREET ADDRESS	RT 1, BOX 70
CITY-ST-ZIP	LAKELAND GA
TITLE	ST
NAME	CHADWICK, ALAN R
STREET ADDRESS	808 GROVE STREET
CITY-ST-ZIP	LAKELAND GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Chadwick

Date

4/30/01

Daytime Phone #

229-482-2600

CR2E034 (10/00)