

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90068 050 \*\*\*150.00

**DOCUMENT # 857514**

1. Entity Name

**UNION ROOFING CO., INC.**

Principal Place of Business

Mailing Address

**NORTH DIVISION STREET  
 CHENOA IL 61726**

**NORTH DIVISION STREET  
 CHENOA IL 61726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

**37-0808867**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSELTON, RAYMOND</b>	NAME	
STREET ADDRESS	<b>NORTH DIVISION STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHENOA IL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD</b>	NAME	
STREET ADDRESS	<b>STOKKE, DAVID</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH DIVISION STREET</b>	CITY-ST-ZIP	
	<b>CHENOA IL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD</b>	NAME	
STREET ADDRESS	<b>HOSELTON, RODNEY E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH DIVISION STREET</b>	CITY-ST-ZIP	
	<b>CHENOA IL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	NAME	
STREET ADDRESS	<b>BERTSCHE, JOHN R.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>321 W. MADISON</b>	CITY-ST-ZIP	
	<b>PONTIAC IL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	NAME	
STREET ADDRESS	<b>ROTH, BEN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>208 E GRIDLEY RD</b>	CITY-ST-ZIP	
	<b>GRIDLEY IL</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASD</b>	NAME	
STREET ADDRESS	<b>HOSELTON, DOUGLAS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>728 S. GRANT ST.</b>	CITY-ST-ZIP	
	<b>CHENOA IL 61726</b>		

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

*Raymond Hoselton* 3-10-2000 815-945-2141

Date

Daytime Phone #

CR2E034 (9/99)