## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # 857514 1. Entity Name 03-25-2002 90145 009 \*\*\*150 00 UNION ROOFING CO., INC. Principal Place of Business Mailing Address NORTH DIVISION STREET NORTH DIVISION STREET CHENOA IL 61726 CHENOA IL 61726 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 37-0808867 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. C.C.W. T. NEW 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete NAME NAME HOSELTON, RAYMOND STREET ADDRESS STREET ADDRESS NORTH DIVISION STREET CITY-ST-ZIP CITY-ST-7IP CHENOA IL TITLE XX Delete Change ☐ Addition TITLE Treasurer STD NAME NAME Jeff Hoselton STOKKE, DAVID STREET ADDRESS North Division Street STREET ADDRESS NORTH DIVISION STREET CITY-ST-ZIP CITY-ST-ZIP Chenoa, IL 61726 CHENOA IL ☐ Change Addition TITLE Delete -NAME NAME HOSELTON, RODNEY E STREET ADDRESS STREET ADDRESS NORTH DIVISION STREET CITY-ST-ZIP CITY-ST-ZIP CHENOA IL ☐ Change ☐ Delete TITLE Addition NAME NAME BERTSCHE, JOHN R. STREET ADDRESS STREET ADDRESS 321 W. MADISON CITY-ST-ZIP CITY-ST-ZIP PONTIAC IL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME ROTH, BEN STREET ADDRESS STREET ADDRESS 208 E GRIDLEY RD CITY-ST-ZIP CITY-ST-7IP GRIDLEY IL Change TITLE XX Delete TITLE Secretary Addition ASD NAME HOSELTON, DOUGLAS NAME Douglas Hoselton North Division Street STREET ADDRESS STREET ADDRESS 728 S. GRANT ST. CITY-ST-ZIP CITY-ST-7IP Chenoa, IL 61726 **CHENOA IL 61726**

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 the teacher or the teacher or the teacher or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher of the corporation or the receiver or the teacher or the teacher of the corporation or the receiver or the teacher or

SIGNATURE:

Pouglas Hoselton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

815-945-2141

Daytime Phone #