

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001729

1. Entity Name

C & H ROOFING, LTD.

Principal Place of Business

1519 COMMERCE BLVD.
LAKE CITY FL 32055

Mailing Address

PO BOX 2105
LAKE CITY FL 32056-2105

2. Principal Place of Business

CANNON CREEK CTR. RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

Zip

32025

Country

Zip

Country

4. FEI Number

59-3402625

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOCK, KEVIN K
1519 COMMERCE BLVD.
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

BARRY R. HUBER

Street Address (P.O. Box Number is Not Acceptable)

CANNON CREEK CENTER ROAD

City

LAKE CITY

FL

Zip Code

32025

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

15-MAY-00

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
COOKE, GARY D
GLENWOOD CIRCLE & LITTLE ROAD
LAKE CITY FL 32055

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
HUBER, BARRY R
RT. 9 BOX 1048 GLENWOOD CIRCLE
LAKE CITY FL 32055

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

15-MAY-00

Daytime Phone #

904-755-1102



FILED

00 MAY 22 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR15003 (3/99)