

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90224 017 ***150.00

DOCUMENT # F02000003540

1. Entity Name
SUPERIOR COMMERCIAL ROOFING COMPANY, INC.



Principal Place of Business
**1710 MILWAT DRIVE, SUITE H
NORCROSS GA 30093**

Mailing Address
**1710 MILWAT DRIVE, SUITE H
NORCROSS GA 30093**

2. Principal Place of Business
1669 Litton Drive
Suite, Apt. #, etc.

3. Mailing Address
1669 Litton Drive
Suite, Apt. #, etc.

City & State
Stone Mountain, GA

City & State
Stone Mountain, GA

4. FEI Number
58-2129953

Applied For
☐ Not Applicable

Zip
30083-1116

Country

Zip
30083-1116

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANCH, SHEILA
ROUTE 22, BOX 2960
LAKE CITY FL 32024-9200**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLS, ANTHONY J
1710 WILWAT DRIVE, SUITE H
NORCROSS GA 30093** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CAGLE, ALAN
1710 WILWAT DRIVE, SUITE H
NORCROSS GA 30093** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SPEARS, LARA
1710 WILWAT DRIVE, SUITE H
NORCROSS GA 30093** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLS, ANTHONY
1710 WILWAT DRIVE, SUITE H
NORCROSS GA 30093** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1669 Litton Dr.
Stone Mountain, GA 30083-1116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1669 Litton Dr.
Stone Mountain, GA 30083-1116**

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CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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:

SIGNATURE REQUIRED

Anthony J. Mills/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)