

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90093 018 ***163.75

DOCUMENT # F02000005732

1. Entity Name
JOHNSON ROOFING OF TENNESSEE, INC.



Principal Place of Business
**847 SPRINGFIELD HWY., SUITE 201
GOODLETTSVILLE TN 37072**

Mailing Address
**847 SPRINGFIELD HWY., SUITE 201
GOODLETTSVILLE TN 37072**



2. Principal Place of Business
210 Connell Street
Suite, Apt. #, etc.

3. Mailing Address
210 Connell Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Goodlettsville, TN
Zip
37072
Country
Summer

City & State
Goodlettsville, TN
Zip
37072
Country
Summer

4. FEI Number
37-1439557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONE, WILLIAM E
2801 NW 55TH CT., #5-W
FT. LAUDERDALE FL 33309**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
ATKINSON, JOHN BRENT
1901 CURTISWOOD LANE
SPRINGFIELD TN 37172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
JOHNSON, KIRK
2759 NEW CUT ROAD
GREENBRIER TN 37073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EPLEY, TY
2761 NEW CUT ROAD
GREENBRIER TN 37073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONE, WILLIAM E
2801 NW 55TH CT., #5-W
FT. LAUDERDALE FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 President 1/5/03 615-851-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)