

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

DOCUMENT # **F13956**

1. Entity Name
ARLINGTON-BEACHES ROOFING COMPANY, INC.



**FILED
Jan 28, 2003 8:00 am
Secretary of State**

01-28-2003 90083 014 ***150.00

Principal Place of Business
1441 CESERY TERRACE
JACKSONVILLE FL 32211

Mailing Address
1441 CESERY TERRACE
JACKSONVILLE FL 32211

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Country

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

6. Name and Address of Current Registered Agent

**GODWIN, KIMBERLY H
2962 KURRY LANE
HILLIARD FL 32046**

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 **DP**
NAME **GODWIN, KIMBERLY H**
STREET ADDRESS **2962 KURRY LANE**
CITY-ST-ZIP **HILLIARD FL 32046**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **BOZEMAN, BARBARA**
STREET ADDRESS **1430 CESERY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **DST**
NAME **HARSCH, TONJA**
STREET ADDRESS **1524 S OCEANSHORE BLVD**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **BOZEMAN, BERT**
STREET ADDRESS **1430 CESERY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **DVP**
NAME **GODWIN, MITCHELL E**
STREET ADDRESS **2962 KURRY LANE**
CITY-ST-ZIP **HILLIARD FL 32046**

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: *SIG. AT SIGN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Godwin

1-20-03

904-744-8888

Date

Daytime Phone #

CR2E034 (10/02)