

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F72096

FILED
Apr 24, 2003
Secretary of State

Entity Name: FLOOKER ROOFING, INC.

Current Principal Place of Business:

C/O FLOOKER ADAMS
1021 NORTHWEST FIRST STREET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

C/O FLOOKER ADAMS
1021 NORTHWEST FIRST STREET
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-2218174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, FLOOKER
2801 N.W. 15TH COURT
2ND FLOOR
FT LAUDERDALE, FL 33311

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMS, FLOOKER,
Address: 2801 N.W. 15TH COURT 2ND FLOOR
City-St-Zip: FT LAUDERDALE, FL

Title: V () Delete
Name: BROWN, FRANCES,
Address: 2801 NW 15TH CT
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES BROWN

V

04/24/2003

Electronic Signature of Signing Officer or Director

_____ Date