

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000545

1. Entity Name

HUNTINGTON ROOFING INC.

Principal Place of Business

910 N. HIGHLAND AVE.
INDIANAPOLIS IN 46202

Mailing Address

910 N. HIGHLAND AVE.
INDIANAPOLIS IN 46202-3551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-1395277

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTINGTON, ROBERT F
1920 EDGWOOD #R12
LAKELAND FL 33803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	HUNTINGTON, MARY ANN	
STREET ADDRESS	5145 FALL CREEK RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46220	
TITLE	VP	☐ Delete
NAME	HUNTINGTON, JAMES ROBERT	
STREET ADDRESS	7020 BLUFF GROVE LANE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	S	☐ Delete
NAME	HUNTINGTON, DAVID MICHAEL	
STREET ADDRESS	12053 LAUREL OAKS DR.	
CITY-ST-ZIP	INDIANAPOLIS IN 46220	
TITLE	T	☐ Delete
NAME	HUNTINGTON, ROBERT FREEMAN	
STREET ADDRESS	5145 FALL CREEK RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46220	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Huntington

Date

3/8/00

Daytime Phone #

317-635-2928



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)