

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90076 043 ***150.00

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**

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

**HUNTINGTON, ROBERT F
 1920 EDGWOOD #R12
 LAKE LAND FL 33803**

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.

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 IS \$150.00
 After May 1, 2002 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

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 **5259 KNYGHTON ROAD**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Robert Freeman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

317-635-2928

CR2E034 (9/01)