270-737-2224 Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9200000917  1. Entity Name SWIFT ROOFING OF E'TOWN, INC.					Secretary of State 01-16-2002 90239 038 ***150.00			
Principal Place of Business  108 SOUTHPARK CIRCLE  ELIZABETHTOWN KY 42701		Mailing Address  108 SOUTHPARK CIRCLE ELIZABETHTOWN KY 42701			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number NOT APPLI	CADIE	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Ro			
-		•	Name	Name				
1200 SO	PORATION SYSTEM UTH PINE ISLAND ROAD 10N FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)			00 550.00	10. Election Campaign Fina Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	00 May Be	
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIFT, ROBERT 108 S PARK CIRCLE ELIZABETHTOWN KY 42701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Swift, 108 S.	Robert Park Circle Dethtown, KY 4270	<b>₹</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIFT, GREG 108 S PARK CIRCLE ELIZABETHTOWN KY 42701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Swift, 108 S.	lent	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	nis filing does not qualify for true and accurate and that my ered to execute this report at the other like and ownered.	he exemption stat signature shall has s required by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(I), Florida Statutes. I f legal effect as if made under oa ida Statutes; and that my name	urther certify that the in th; that I am an officer appears in Block 11 or	formation or director Block 12 if	