2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004073

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90009 002 ***150.00

1. Entity Name

ADUDDELL ROOFING & SHEET METAL, INC.

Principal Place of Business	Mailing Address
14220 S MERIDIAN OKLAHOMA CITY OK 73173 US	PO BOX 6594 MOORE OK 73153-0594

DO NOT WRITE IN THIS SPACE

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 73-1264918 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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, 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	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ADUDDELL, TIMOTHY J		NAME		
STREET ADDRESS	3116 COUNTRY CLUB		STREET ADDRESS		
CITY-ST-ZIP	NEWCASTLE OK 73065		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ADUDDELL, RUTH		NAME		
STREET ADDRESS	3116 COUNTRY CLUB		STREET ADDRESS		
CITY-ST-ZIP	NEWCASTLE OK 73065		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, TIMOTHY N		NAME		
STREET ADDRESS	2502 S 24TH ST		STREET ADDRESS		
CITY-ST-ZIP	CHICKASHA OK 73018		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLLINS, BOB		NAME		
STREET ADDRESS	1005 W FRANKLIN RD		STREET ADDRESS		
CITY-ST-ZIP	NORMAN OK 73069		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: J Adduddell REQUIRED 1/6/00 (405) 692-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #