

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

DOCUMENT # F96000005945

1. Entity Name
ROANOKE ROOFING AND SHEET METAL COMPANY, INC.



01-13-2003 90735 001 ***150.00
01-13-2003 90735 002 *****8.75

Principal Place of Business
**930 3RD STREET
VINTON VA 24179
US**

Mailing Address
**PO BOX 12607
ROANOKE VA 24027**

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 **54-1007382**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JOSEPH D
2761 AIRPORT RD., S., #302
NAPLES FL 33962**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☐ Delete
NAME **BOWLES, CABELL B**
STREET ADDRESS **110 GANGPLANK CIRCLE**
CITY-ST-ZIP **MONETA VA 24121**

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

TITLE **V** ☐ Delete
NAME **PADGETT, STEVE**
STREET ADDRESS **739 WHITE OAK ROAD**
CITY-ST-ZIP **ROANOKE VA 24018**

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

TITLE **S** ☐ Delete
NAME **SHEPARD, SANDRA M**
STREET ADDRESS **548 WOODED ACRES DRIVE**
CITY-ST-ZIP **HARDY VA 24101**

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

TITLE **TDC** ☒ Delete
NAME **BOWLES, EDWARD T**
STREET ADDRESS **100 GANGPLANK CIRCLE**
CITY-ST-ZIP **MONETA VA 24121**

TITLE **TD** ☐ Change ☒ Addition
NAME **ALLISON B. LAFERTY**
STREET ADDRESS **7961 FOREST EDGE ROAD**
CITY-ST-ZIP **ROANOKE, VA 24018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CABELL B. BOWLES* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CABELL B. BOWLES,** **01/07/2003** **(540) 344-4100**
Date Daytime Phone #

CR2E034 (10/02)