

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006623

1. Entity Name

RIB ROOF METAL SYSTEMS, INC.

Principal Place of Business

PO BOX 40
ROSSVILLE TN 38066

Mailing Address

PO BOX 40
ROSSVILLE TN 38066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

LALICH, ROBERT
109 RESERVE CIRCLE #201
OVIEDO FL 32765

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PDC	<input type="checkbox"/> Delete
NAME	MITCHELL, CARL	
STREET ADDRESS	570 MORRISON RD.	
CITY-ST-ZIP	ROSSVILLE TN 38066	
TITLE	V	<input type="checkbox"/> Delete
NAME	DODGE, RICHARD	
STREET ADDRESS	570 MORRISON RD.	
CITY-ST-ZIP	ROSSVILLE TN 38066	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSER, VERNE	
STREET ADDRESS	2745 N. LOCUST AVE.	
CITY-ST-ZIP	RIALTO CA 92377	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WAHLE, MICHAEL C	
STREET ADDRESS	2745 N. LOCUST AVE.	
CITY-ST-ZIP	RIALTO CA 92377	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

10-9-00

708-825-8529

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 2:11



REINSTATEMENT

4. File Number 62-1419735

Applied For
Not Applicable

CR2E034 (5/00)