

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90276 035 \*\*\*150.00

0119825 AV

**DOCUMENT # G47791**

**1. Entity Name**  
**COMMERCIAL ROOFING, INC.**

**Principal Place of Business**  
 2185 AVOCADO AVE  
 MELBOURNE FL 32935  
 US

**Mailing Address**  
 P O BOX 361667  
 MELBOURNE FL 32936



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
 31-1068729

Applied For  
 Not Applicable

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**

**MITCHELL, RONALD**  
**3625 CARRIAGE GATE DR**  
**W. MELBOURNE FL 32904**

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 PT  
 MITCHELL, RONALD C  
 2625 CARRIAGE GATE DR  
 W. MELBOURNE FL 32904 ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 S  
 MITCHELL, JUDITH  
 2625 CARRIAGE GATE DR  
 W. MELBOURNE FL 32904 ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 ASAT  
 MYNHEIR, LORI  
 812 HUNTINGTIN ST, NE  
 PALM BAY FL ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☒ Change ☐ Addition  
 812 HUNTINGTON ST, NE  
 PALM BAY, FL 32907

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

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

**TITLE**  
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**CITY-ST-ZIP**  
☐ Delete

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☐ Delete

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☐ Change ☐ Addition

**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 REQUIRED**  
 LORI L MYNHEIR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02  
 Date

(321) 242-2319  
 Daytime Phone #

CR2E034 (9/01)