

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90298 004 ***150.00

DOCUMENT # H19016

1. Entity Name
SAFWAY ROOFING, INC.



Principal Place of Business
**8630 BENCH DRIVE
PORT RICHEY FL 34668**

Mailing Address
**8630 BENCH DRIVE
PORT RICHEY FL 34668**

2. Principal Place of Business

18407 LANSFORD DR

3. Mailing Address

18407 LANSFORD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

Zip

34667

Country

4. FEI Number

59-2569737

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

**BLISS, EARL J.
18407 LANSFORD DRIVE
HUDSON FL 34667**

7. Name and Address of New Registered Agent

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

TITLE **VP** ☐ Delete
NAME **BLISS, EARL J.**
STREET ADDRESS **18407 LANSDORD DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **P** ☐ Delete
NAME **BLISS, GAIL M.**
STREET ADDRESS **18407 LANDFORD DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **V** ☐ Delete
NAME **WICKSTROM, KIMBERLY M**
STREET ADDRESS **18349 MONTOUR DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **T** ☐ Delete
NAME **WICKSTROM, ERIC**
STREET ADDRESS **18349 MONTOUR DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GAIL BLISS
PRESIDENT

Date

Daytime Phone #

1-24-03 727 843 0016

CR2E034 (10/02)