

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

NUMBER  
AV

03-13-2002 90115 021 \*\*\*150.00

**DOCUMENT # H74045**

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

Principal Place of Business

**5360 MCINTOSH POINT  
 SUITE 122  
 SANFORD FL 32773**

Mailing Address

**P.O. BOX 520177  
 LONGWOOD FL 32759**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2595219**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, STEVE A.  
 1900 S. PARK AVENUE  
 SANFORD FL 32771**

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.

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

11. OFFICERS AND DIRECTORS

TITLE **EVP** ☐ Delete  
 NAME **BARNES, STEVE II**  
 STREET ADDRESS **205 POINSETTA DR**  
 CITY-ST-ZIP **SANFORD FL**

TITLE **P** ☐ Delete  
 NAME **BARNES, STEVE**  
 STREET ADDRESS **1900 S. PARK AVENUE**  
 CITY-ST-ZIP **SANFORD FL**

TITLE **ST** ☐ Delete  
 NAME **BARNES, ANN**  
 STREET ADDRESS **1900 S. PARK AVENUE**  
 CITY-ST-ZIP **SANFORD FL**

TITLE **ST** ☐ Delete  
 NAME **BARNES, JOHN**  
 STREET ADDRESS **535 REDDITT ROAD**  
 CITY-ST-ZIP **OSTEEN FL**

TITLE **VP** ☐ Delete  
 NAME **BARNES, CYNTHIA**  
 STREET ADDRESS **1900 S. PARK AVENUE**  
 CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ Delete  
 NAME **BARNES, RICHARD D.**  
 STREET ADDRESS **1900 S. PARK AVENUE**  
 CITY-ST-ZIP **SANFORD FL 32771**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition  
 NAME **SHELTON, CYNTHIA**  
 STREET ADDRESS **7371 CANAL DRIVE**  
 CITY-ST-ZIP **SANFORD, FL. 32771**

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

TITLE ☐ Change ☐ Addition  
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 NAME **SHELTON, CYNTHIA**  
 STREET ADDRESS **7371 CANAL DRIVE**  
 CITY-ST-ZIP **SANFORD, FL. 32771**

TITLE ☐ Change ☐ 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:

*Steve A. Barnes*

2-22-02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)