

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90624 022 ***150.00

DOCUMENT # J15275

1. Entity Name
TARHEEL ROOFING, INC.

Principal Place of Business

**2720 23RD STREET NORTH
 ST. PETERSBURG FL 33713-4024**

Mailing Address

**PO BOX 13044
 SAINT PETERSBURG FL 33713**

852428



2. Principal Place of Business

2600-22 St. N.

Suite, Apt. #, etc.

3. Mailing Address

2600-22 St. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FL

Zip
33713

Country
USA PINELLAS

City & State
ST. PETERSBURG, FL

Zip
33713

Country
USA PINELLAS

4. FEI Number
59-2679504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOONEY, DAVID
 2720 23RD STREET NORTH
 ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name
LOONEY, DAVID

Street Address (P.O. Box Number is Not Acceptable)

2600-22 St. N.

City **ST. PETERSBURG** FL Zip Code **33713**

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.

DAVID LOONEY, V.P.

4-8-02

(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 **PTD** ☐ Delete
 NAME **LOONEY, JOHN**
 STREET ADDRESS **2720 23RD STREET, NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VSD** ☐ Delete
 NAME **LOONEY, DAVID**
 STREET ADDRESS **2720 23RD STREET, NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **LOONEY, JOHN**
 STREET ADDRESS **2600-22 St. N.**
 CITY-ST-ZIP **ST PETERSBURG, FL 33713**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **LOONEY, DAVID**
 STREET ADDRESS **2600-22 St. N.**
 CITY-ST-ZIP **ST PETERSBURG, FL 33713**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN LOONEY, PRES

4-8-02

Date

(727) 823-3455

Daytime Phone #

CR2E034 (9/01)