

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90116 019 ***150.00

DOCUMENT # J17622

1. Entity Name
EVANS BROS. ROOFING, INC.



Principal Place of Business

1071 N.E. 43 STREET

OAKLAND PARK FL 33334

US

Mailing Address

3932 NW. 19 AVENUE

FORT LAUDERDALE FL 33309

US

2. Principal Place of Business

1071 NE 43rd Street

Suite, Apt. #, etc.

3. Mailing Address

3932 NW 19th Street

Suite, Apt. #, etc.

City & State

Oakland Park FL

Zip

33334

Country

Broward

City & State

Oakland Park FL

Zip

33309

Country

Broward

4. FEI Number

59-2675498

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, BILL

3932 N.W. 19TH AVENUE

OAKLAND PARK FL 33309

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 **DP** ☐ Delete
NAME **BAILEY, BILL**
STREET ADDRESS **3932 N.W. 19TH AVENUE**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **Sec** ☐ Delete
NAME **Evans James A.**
STREET ADDRESS **6863 NW 25th Terrace**
CITY-ST-ZIP **Fort Lauderdale FL 33309**

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

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

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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:

William G. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-03 954-566-5235

CR2E034 (10/02)