

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90109 048 ***150.00

DOCUMENT # J33256

1. Entity Name
EGGERS AND SON ROOFING AND TILE, INC.



Principal Place of Business
**1047 HARBOR LAKE DRIVE
P. O. BOX 266
SAFETY HARBOR FL 34695**

Mailing Address
**1047 HARBOR LAKE DRIVE
P. O. BOX 266
SAFETY HARBOR FL 34695**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2718832**

Applied For

Not Applicable

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

**EGGERS, RANDALL
9755 - 119TH WAY N.
SEMINOLE FL 33772**

Name
Randall Eggers
Street Address (P.O. Box Number is Not Acceptable)
1584 Ohio Ave.

City **Palm Harbor, Fl.** **FL** Zip Code **34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EGGERS, SHIRLEY**
STREET ADDRESS **1584 OHIO AVENUE**
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **P** ☐ Delete
NAME **EGGERS, RANDALL L.**
STREET ADDRESS **9755 119TH WAY N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☒ Change ☐ Addition
NAME **Randall Eggers**
STREET ADDRESS **1584 Ohio Ave.**
CITY-ST-ZIP **Palm Harbor, Fl. 34683**

TITLE **VP** ☐ Delete
NAME **HARDESTY, LISA**
STREET ADDRESS **1575 JONATHAN COURT**
CITY-ST-ZIP **LARGO FL 33770**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Lisa Hardesty* **CLISA HARDESTY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

(727) 726-0588

Daytime Phone #

CR2E034 (10/02)