## 2003, FOR PROFIT CORPORATION

Mailing Address 10915 ENTERPRISE AVE.

## **UNIFORM BUSINESS REPORT (UBR)** J63237 **DOCUMENT #**

Principal Place of Business

10915 ENTERPRISE AVE.

1. Entity Name LEON WALLIN ROOFING, INC.



**FILED** Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90092 027 \*\*\*150.00

BONITA SPRIM	NGS FL 33923		BONITA SPRINGS FL 33923									
2. Principal Place of Business			3. Mailing Address								1811 01011 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
. City & State			City & State				4.	. FEI Number 59-2778797 Applied For Not Applicate				
Zip Country		ountry	Zip	Country	Country		. Certificate of Status Desired Security Securit			litional		
	6. Name and	Address of Current F	Registered Agent			7. Name and Address of New Registered Agent						
•				Name								
	WALLIN, ROY LEON 10915 ENTERPRISE AVE.						Street Address (P.O. Box Number is Not Acceptable)					
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BUNITA 5	Prings FL 33	923										
						City			FL	Zip Cod	9	
the obligati	named entity sub ions of registered		the purpose of	of changing its r	egistered o	office or regi	stered ag	ent, or both, in the State of Flor	ida. I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed or prin	nted name of registered agent a	nd title if applicable	. (NOTE:	Registered Ag	ent signature req	uired when re	einstating)	DATE			
After	May 1, 2003	EE IS \$150.00 lee will be \$550.00 orida Department of	State					Election Campaign Fina     Trust Fund Contribution		<b>\$5.0</b> Added	<b>0</b> May Be to Fees	
10.		OFFICERS AND D			11.		AE	DDITIONS/CHANGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11	
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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.

NAME

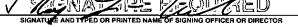
STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #