


Amendment

FILED

03 JUL 14 PM 7:27

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # J63237			
1. Entity Name LEON WALLIN ROOFING, INC.			
Principal Place of Business 10915 ENTERPRISE AVE. BONITA SPRINGS, FL 33923		Mailing Address 10915 ENTERPRISE AVE. BONITA SPRINGS, FL 33923	
2. Principal Place of Business SAME State, Apt. #, etc.		3. Mailing Address SAME State, Apt. #, etc.	
City & State		City & State	
Zip 34135	Country	Zip	Country
4. FEI Number 59-2778797		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLIN, ROY LEON 10915 ENTERPRISE AVE. BONITA SPRINGS, FL 33923		7. Name and Address of New Registered Agent Name Roy Leon Wallin Street Address (P.O. Box Number is Not Acceptable) 10915 Enterprise Ave. City Bonita Springs FL Zip Code 34135	
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 <u><i>Leon Wallin</i></u> (Leon Wallin) 7-11-03 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when amending) DATE</small>			
<input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WALKIN, LINDA 10915 ENTERPRISE AVE. BONITA SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T Linda Wallin 10915 Enterprise Ave. Bonita Sp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Roy Leon Wallin 10915 Enterprise Ave. Bonita Sp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Cathy Wallin 10915 Enterprise Ave. Bonita Sp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Leon Wallin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-11-03 (239) 598-3424 <small>Date</small>	

(Leon Wallin)

7/14

CHANGES (11/03)

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