

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90111 041 ***150.00

DOCUMENT # K05632

1. Entity Name
FLEMING BROTHERS ROOFING, INC.



Principal Place of Business
**2431 ALOMA AVE
#115
WINTER PARK FL 32789**

Mailing Address
**2431 ALOMA AVE
#115
WINTER PARK FL 32789**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**4330 Fensyth Rd #456
Suite, Apt. #, etc.
WINTER PK FL 32792
City & State
WINTER PK FL
Zip
32792**

3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number **59-2875168**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRMAN, WILLIAM R.
445 DOUGLAS AVE
SUITE 1705
ALTAMONTE SPRINGS FL 32714**

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	FLEMING, GAIL D	
STREET ADDRESS	PO BOX 1167	
CITY-ST-ZIP	WINTON PK FL 32790	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLEMING, MICHAEL J	
STREET ADDRESS	3316 S ST LUCIE DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 PARK MANITCANDLER	
STREET ADDRESS	WINTER PK FL 32792	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	930 N. LAKE CLARE CIR	
STREET ADDRESS	OWINGO FL 32765	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED Michael FLEMING 4/21/03 (407)679-2070**

CR2E034 (10/02)