

FILED  
Feb 24, 2002 8:00 am  
Secretary of State

01-21-2002 90065 013 \*\*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001557

1. Entity Name

HOUGH BROTHERS ROOFING, LC

Principal Place of Business

1950 PALM BAY ROAD N.E.  
PALM BAY FL 32905

Mailing Address

1950 PALM BAY ROAD N.E.  
PALM BAY FL 32905

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

59-3700887

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE FL 32901

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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HOUGH, ALAN SR  
STREET ADDRESS 1950 PALM BAY ROAD N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE MGR  
NAME HOUGH, CHARLES V SR  
STREET ADDRESS 1950 PALM BAY ROAD N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE MGR  
NAME HOUGH, WAYNE  
STREET ADDRESS 1950 PALM BAY ROAD N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE MGR  
NAME HOUGH, SANDY  
STREET ADDRESS 1950 PALM BAY ROAD N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-15-02

(321) 729-8313

CR2E083 (9/01)