LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034406

1. Entity Name

UNIFLEX ROOFING SYSTEMS-GULF COAST LLC



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91003 032 \*\*\*\*50.00

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	DO NOT WRITE	IN THIS SI	PACE	
2. Principal Pl 8750 Suite, Apt.	F11101 P1 130 0104	3. Mailing Address 1499 Enter Suite, Apt. #, etc.	prise Pkuy	DO NOT WRITE IN THIS SPACE
City & State		City & State Twinsburg	o H	4. FEI Number Applied For Not Applicable Not Applicable
Zip 3377	Country	Zip 44087	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required
	DO NOT WI	CONTRACTOR OF THE SECOND STATE OF THE SECOND S	1200	7. Name and Address of Current Registered Agent  Corporation System  (P.OBox Number is Not Acceptable)  South Pinz Island Road  Tip Code
the obligations	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an	nd title if applicable.	city Plans registered office or registered or regis	FL Zip Code 33334 ered agent, or both, in the State of Florida. I am familiar with, and accept
9.	MANAGING MEMBER	DS /MANAGEDS	ole to Florida Departme DUE BY MAY 1	ent of State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kessier, David 8750 Enterprise B Largo FL 3377	Ival	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-17-03

Daytime Phone #