FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # L45824** PDF ROOFING CONCEPTS, INC. 04-28-2001 90070 046 ***150.00 Principal Place of Business Mailing Address 6208 E 17TH ST 6208 E 17TH ST **BRADENTON FL 34203 BRADENTON FL 34203** LUVUYATUI U\$ US DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0168334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Name Registered Agent 6. Name and Address of Current Registered Agent FURR, PAUL D 6208 E 17TH ST **BRADENTON FL 34203** 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. gent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITI F FURR, PAUL D NAME NAME STREET ADDRESS STREET ADDRESS 4804 79TH AVE. PLZ. E. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF