

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # L 89574

1. Entity Name

All Central Florida Roofing inc.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4468 Kincardine Dr.

3. Mailing Address

4468 Kincardine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3038472

Applied For

Not Applicable

Zip

32257

Country

Duval

Zip

32257

Country

Duval5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rodney C. Bell

Street Address (P.O. Box Number is Not Acceptable)

4468 Kincardine Dr.

City

JACKSONVILLE

FL

Zip Code

32257**DO NOT WRITE
IN THIS SPACE**

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

Rodney C. Bell

Signature, typed or printed name of registered agent; one title is applicable.

(NOTE: Registered Agent signature required when remaining)

MAY 1, 2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$300.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Rodney C Bell</u> <u>4468 Kincardine Dr.</u> <u>JACKSONVILLE FL. 32257</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300005509409</u> <u>-05/14/02--01057--020</u> <u>*****61.25 *****61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice president</u> <u>CHRISTOPHER C Bell</u> <u>4468 Kincardine Dr.</u> <u>JACKSONVILLE FL. 32257</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Joan E Bell</u> <u>4468 Kincardine Dr.</u> <u>JACKSONVILLE FL.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Rodney C. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 02

C-30

(904) 636-8885

Daytime Phone