## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** L98587 1. Entity Name 05-19-2002 90240 007 \*\*\*158.75 STANGLE ROOFING, INC. Mailing Address Principal Place of Business 9589 OVERSEAS HIGHWAY 9589 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3033491 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STANGLE, RAYMOND J. Street Address (P.O. Box Number is Not Acceptable) 9589 OVERSEAS HWY MARATHON FL 33050 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STANGLE, RAYMOND J. NAME STREET ADDRESS 9589 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STANGLE, RAYMOND J. NAME STREET ADDRESS 9589 OVERSEAS HIGHWAY STREET ADDRESS CiTY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME SANDERS, CAROL J NAME STREET ADDRESS 9589 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. 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 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

changed, or on an attachment wit

address, with all other like empowe

04/29/02

305 743-5359

Daytime Phone #