

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M75025

1. Entity Name

CHUCK SHOEMAKER ROOFING, INC.

Principal Place of Business

14249 OTTER RUN
TALLAHASSEE FL 32312
US

Mailing Address

14249 OTTER RUN ROAD
TALLAHASSEE FL 32312
US

2. Principal Place of Business

14249 Otter Run Rd

3. Mailing Address

14249 Otter Run Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

6. Name and Address of Current Registered Agent

FITZGERALD, BRIAN E.
119 N. MONROE ST.-
TALLAHASSEE FL 32301 ---

7. Name and Address of New Registered Agent

Name

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

903 1/2 N MONROE ST
TALLAHASSEE, FL 32303

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, BRIAN E.	
STREET ADDRESS	119 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	SHOEMAKER, CHARLES B.	
STREET ADDRESS	14249 OTTER RUN RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles B. Shoemaker Charles B Shoemaker 4-13-01 950-893-3209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90196 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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