


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90158 026 ****61.25

DOCUMENT # N37561

1. Entity Name
BROWARD ROOFING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business
**7071 SW 20TH ST
PLANTATION FL 33317
US**

Mailing Address
**PO BOX 291416
DAVIE FL 33329-1416
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0190398**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**O'GORMAN, KATHLEEN
7071 SW 20TH STREET
PLANTATION FL 33317**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	O'GORMAN, KATHLEEN	
STREET ADDRESS	7071 SW 20TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETT, JAMES	
STREET ADDRESS	2020 THOMAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUSKIN, MICHAEL	
STREET ADDRESS	942 NW 56TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDREP, GARY	
STREET ADDRESS	7000 SW 21 PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASHAGEN, TIM	
STREET ADDRESS	5100 NW 4TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONE, WILLIAM	
STREET ADDRESS	201 NW 12TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen O'Gorman* **1/23/03** **954-587-5040**

CR2E037 (10/02)