

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001074

1. Entity Name

ROOFING U.S.A. OF CENTRAL FLORIDA, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90007 017 ***150.00

C0070984



DO NOT WRITE IN THIS SPACE

Principal Place of Business POST OFFICE BOX 141075 ORLANDO FL 32814-1075	Mailing Address POST OFFICE BOX 141075 ORLANDO FL 32814-1075
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3617861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB, PETER B
1701 W. HILLSBORO BOULEVARD
SUITE 301
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name BENJAMIN C MENSAY
Street Address (P.O. Box Number is Not Acceptable)
1633 Dorris Drive
City Orlando FL Zip Code 32807

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: BENJAMIN C MENSAY (Signature, typed or printed name of registered agent and title if applicable.) (NO Registered Agent's signature required when reinstating) DATE 4-3-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENSAY, BENJAMIN C 1633 DORRIS DRIVE ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 by signature shall have the same legal effect as if made under oath; that I am an officer or director 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: BENJAMIN C MENSAY (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE 4-3-01 DAYTIME PHONE # 407-207-3537

CR2E034 (10/00)