

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000026460

FILED
Jan 29, 2002 8:00 AM
Secretary of State

Entity Name: M & R ROOFING, INC.

Current Principal Place of Business:

14AA HARGROVE GRADE
PALM COAST, FL 32137

New Principal Place of Business:

4 PROFILE PLACE
PALM COAST, FL 32164

Current Mailing Address:

4 PROFILE PLACE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3629812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRELAND, RAE A
4 PROFILE PLACE
PALM COAST, FL 32164

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KUBICKI, LESZEK VP
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: PRES () Delete
Name: FRELAND, MARK A PRES
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: FRELAND, RAE ANN VP/SEC.
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: GUBALA, MIROSLAW VP
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SCHMUCKER, JON VP
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CRIDER, SCOTT VP
Address: 4 PROFILE PLACE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE ANN FRELAND

VP

01/29/2002

Electronic Signature of Signing Officer or Director

_____ Date