## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2001 8:00 am DOCUMENT # P0000026764 Secretary of State 1. Entity Name ROBERT HARRISON ROOFING, INC. 02-27-2001 90350 030 \*\*\*150.00 Principal Place of Business Mailing Address 200 SOUTH BABCOCK STREET 200 SOUTH BABCOCK STREET MELBOURNE FL 32901-1210 MELBOURNE FL 32901-1210 815121 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3634823 Not Applicable \$8.75 Additional -Zio Country 5... Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, ROBERT B Street Address (P.O. Box Number is Not Acceptable) X389 CYPREGSXAVEX 200 S. Babcock St. Melbourne, FL 32901 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change X Addition TITLE ☐ Delete Harrison, Robert B. SCOTT, STEVEN R -NAME NAME 200 S. Babcock Street STREET ADDRESS 200 S. BABCOCK STREET STREET ADDRESS Melbourne, FL 32901-1210 CITY-ST-ZIP MELBOURNE FL 32901-1210 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILLIAMS, RICK D NAME NAME 200 S. BABCOCK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901-1210 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERNDON, RONALD G NAME NAME STREET ADDRESS STREET ADDRESS 200 S. BABCOCK STREET CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901-1210 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMMONS, MOLLY E NAME NAME STREET ADDRESS STREET ADDRESS 200 S. BABCOCK STREET CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901-1210 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME

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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Molly Simmons

2/23/01

(321) 726-9399

Date

Daytime Phone #