2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000026764

1. Entity Name

ROBERT HARRISON ROOFING, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90262 039 ***150.00

| Principal Place of Business 200 SOUTH BABCOCK STREET MELBOURNE FL 32901-1210 | | | Mailing Address 200 SOUTH BABCOCK STREET MELBOURNE FL 32901-1210 | | | | | | | | | | |
|--|------------------|-------------------------------------|--|---------------------|---------------|--|--|---|--|------------------------|-------------------|--|--|
| Principal Place of Business 3. | | | 3. Mailir | 3. Mailing Address | | | | []#B(###1 14 BB() ##41 BB() | 1) 56 111 56 111 68 110 1 | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | City & State | | | 4. F | El Number 59-36348 | 323 | | lied For Applicable | | | |
| | | | Zip Country | | | | Certificate of Status Desire | | \$8.75 Addit | | | | |
| Zip | | Country | | | <u> </u> | | | 7. Name and Address of New Registered Agent | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | | | | | | | |
| HARRISON, ROBERT B | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 200 S. BAI | | | | | | | | | | | | | |
| MELBOURI | | | | | | ļ | | _ | | | | | |
| | | | | | ٠ | City | | | FL | - 1 | | | |
| 6: The photo (| nomad antit | y submits this statement fo | r the purp | ose of changing its | s register | ed office or r | egistered age | ent, or both, in the State | of Florida. I am | familiar with, a | nd accept | | |
| the obligation | ons of regist | tered agent. | | | | | | | | | | | |
| SIGNATURE _ | Signature, typed | or printed name of registered agent | and title if app | licable. (NO | TE: Registere | ed Agent signatur | e required when re | einstating) | DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | 9. Election Campaig Trust Fund Contri | bution. [| Added | May Be to Fees | | |
| | rayabic | OFFICERS AND | | RS | 11. | | AC | DITIONS/CHANGES TO | OFFICERS AN | | IN 11 | | |
| TITLE | VP | Officeras | ☐ Delete TIT | | | .E | VP | TAMEC M | | Change | X Addition | | |
| NAME | SCOTT. | STEVEN R | | | | Æ | 200 5 | JAMES M. BABCOCK S | TREET | | | | |
| STREET ADDRESS | 200 S. B. | ABCOCK STREET | | | • | EET ADDRESS Y-ST-ZIP | MELBO | ELBOURNE, FL 32901-1210 | | | | | |
| CITY-ST-ZIP | | RNE FL 32901-1210 | | VV. | | | | | | ☐ Change | ☐ Addition | | |
| TITLE | VP | O DICK D | | XX Delete | TIT NA | | | | | | | | |
| NAME STREET ADDRESS | WILLIAM | s, rick d Abcock street | | | | REET ADDRESS | | | | | | | |
| CITY-ST-ZIP | MELBOU | RNE FL 32901-1210 | | | CIT | Y-ST-ZIP | | | | ~ | - | | |
| TITLE | VP | August 1997 | " | ☐ Delete | TIT | LE | e ==================================== | | | Change | Addition | | |
| NAME | HERNDO | IN, RONALD G | | | | ME | ı | | | | | | |
| STREET ADDRESS | | ABCOCK STREET | | | | REET ADDRESS TY-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | | IRNE FL 32901-1210 | | | | LE | | | | Change | ☐ Addition | | |
| TITLE | ST | IC MOLLY E | | ☐ Delete | | ME. | | | | | Í | | |
| NAME STREET ADDRESS | | IS, MOLLY E BABCOCK STREET | | | ST | REET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | JRNE FL 32901-1210 | | | CI | IY-ST-ZIP | | | | | | | |
| TITLE | Р | | Ca Deleto | | | TLE | | | | ☐ Change | ☐ Addition | | |
| NAME | HARRIS | on, robert b | | | | ME DEET ADDRESS | | | | | | | |
| STREET ADDRESS | 200 S. E | BABCOCK STREET | | | | reet address Ty-St-Zip |] | | | •• | _ | | |
| CITY-ST-ZIP | | JRNE FL 32901-1210 | | V V | | TLE | | | | ☐ Change | Addition | | |
| TITLE | VP. | CHADD W | - | XX Delete | | AME | | | | | | | |
| NAME STREET ADDRESS | | CHARD W ABCOCK STREET | | | | TREET ADDRESS | [| | | . 2 | | | |
| CITY-ST-ZIP | MELBOL | JRNE FL 32901-1210 | | | C | TY-ST-ZIP | | | | | | | |
| L | | | | | | | ted in Section | n 119 07(3)(i). Florida Sta | atutes. I further (| certify that the | intermation | | |

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

2/13/03

(321) 726-9399

Daytime Phone #