**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am & Secretary of State DOCUMENT # P00000027532 1. Entity Name CHARLES LEEG ROOFING, INC. 05-01-2002 91532 006 \*\*\*150.00 Principal Place of Business Mailing Address 5480 S. THRASHER AVE. 5480 S. THRASHER AVE. HOMOSASSA FL 34446 HOMOSASSA FL 34446 2. Principal Place of Business 3. Mailing Address 5480 5480 S.Thrail Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE owosaussa owy) sassa City & State City & State 4. FEI Number Applied For 59-3633551 Not Applicable Zip Country Country \$8.75 Additional 344416 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEEG. CHARLES Box Number is Not Acceptable) 5480 S. THRASHER AVE. HOMOSASSA FL 34446 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPTS** ☐ Delete TITLE Addition NAME LEEG, CHARLES NAME STREET ADDRESS 5480 S. THRASHER AVE. STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP TITLE : ☐ Delete TITLE ☐ Change ☐ Addition NAME JOHNSON, JIMMY NAME STREET ADDRESS 5480 S. THRASHER AVE. STREET ADDRESS CITY-ST-7IP HOMOSASSA FL 34446 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME\* WHITMARSH, MICHEAL NAME STREET ADDRESS 5480 S. THRASHER AVE. STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME no dianges STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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