

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90119 026 ***150.00

DOCUMENT # P00000040675

1. Entity Name
COMPLETE ROOFING OF BREVARD INC.



Principal Place of Business
**3545 N COURTENAY PARKWAY
MERRITT ISLAND FL 32954**

Mailing Address
**P O BOX 542413
MERRITT ISLAND FL 32954-2412**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SADOWSKY, WALTER F
3545 N COURTENAY PARKWAY
MERRITT ISLAND FL 32954**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SADOWSKY, WALTER F JR	
STREET ADDRESS	3545 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32954	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLE GOLDRICH, RICHARD L	
STREET ADDRESS	356 SARONG CIR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952 +	
TITLE	VB	<input checked="" type="checkbox"/> Delete
NAME	KIWSEY, MIKE	
STREET ADDRESS	139 BROWNING AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARPENTER, RALPH	
STREET ADDRESS	1078 GLENDALE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E Leslie Jr	
STREET ADDRESS	504 Nicklaus Cir	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Sadowsky Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Sadowsky Jr 4-1-03

Date

321 5081462

Daytime Phone #

CR2E034 (10/02)