

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90275 009 ***150.00

DOCUMENT # P00000055394

1. Entity Name

Integrated Roofing Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

632 Heather Brite Circle

Suite, Apt. #, etc.

3. Mailing Address

632 Heather Brite Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apopka, FL

City & State
Apopka, FL

4. FEI Number

59-3658015

Applied For

Not Applicable

Zip
32712

Country
USA

Zip
32712

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mary D. Jewell

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

632 Heather Brite Circle

City

Apopka

FL

Zip Code

32712

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mary D. Jewell
632 Heather Brite Circle
Apopka, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Ralph E. Jewell
632 Heather Brite Circle
Apopka, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Mary D. Jewell
632 Heather Brite Circle
Apopka, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Ralph E. Jewell
632 Heather Brite Circle
Apopka, FL 32712

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (407) 889-0695
Date Daytime Phone #

CR2E034B (12/01)